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STATE OF WASHINGTON
Department of Health
SEATTLE

Book II

Rules and Regulations
OF THE
State Board of Health



CONTROL OF COMMUNICABLE AND OTHER
DISEASES DANGEROUS TO THE PUBLIC HEALTH

Revised and Adopted Nov. 24, 1943



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Department of Health
SEATTLE

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STATE BOARD OF HEALTH

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STATE OF WASHINGTON, DEPARTMENT OF HEALTH

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STATE OF WASHINGTON, } ss.
COUNTY OF KING. }

I, L. E. Powers, M. D., Director of Health of the State of Washington, hereby certify that the following and attached rules and regulations of the State Board of Health are true and correct copies of the rules and regulations of the State Board of Health adopted by the said Board of the State of Washington on the 24th of November, 1943, as shown by the minutes of the meeting of the said State Board of Health, on file at the office of the Secretary of the State Board of Health in the City of Seattle, County of King, State of Washington, and said rules and regulations are now in full force and effect.

In testimony whereof, I have hereunto set my hand this 24th day of November, 1943.

L. E. POWERS, M. D.,
State Director of Health,

ALBERT BAILEY, Ph. D.,
Secretary.

SUMMARY POWER OF STATE BOARD OF HEALTH

Sec. 1. In any case not covered by statute or by these rules and regulations, and in order to receive correct vital statistics, prevent the spread of communicable diseases, remove or prevent contamination of any water supply, enforce quarantine, declare certain diseases communicable, arrest epidemic or unusually prevalent diseases which may become general or apply to certain localities, better the condition in hospitals, poor farms, sanatoria, baby homes, boarding-out homes for babies, homes for wayward girls, delinquent boys, or indigent orphans, make and enforce closures, abate nuisances, prevent improper removal, transportation, interment or disinterment of dead human bodies, or regulate the treatment or control of venereal diseases, the State Board of Health has power, through the Director of Health to act summarily, and to issue rules and make and enforce regulations as any case may require.

Sec. 2. If, in the opinion of the State Board of Health, adequate provision has not been made for the proper notification and investigation and control of communicable diseases and in localities in which the local health authorities fail to carry out the provisions of any of the laws of Washington relating to public health, or any of the rules and regulations of the State Board of Health, the Director of Health may appoint properly qualified sanitary officers to act as local health officers and to prevent the spread of diseases in and from such localities and to enforce the provisions of any of the laws of Washington relating to public health, and the provisions of these rules and regulations: *Provided*, That salaries and other expenses incurred under the provisions of this section shall be paid by the local authorities where such sanitary officer is appointed to act.

Sec. 3. Whenever it becomes necessary in the opinion of the State Board of Health, on account of the unusual prevalence of any communicable disease or when such disease becomes epidemic, the Director of Health may issue orders to county and city health officers directing them to make a closure, and in order to prevent the further spread of such communicable disease or such epidemic, to direct the closing of and prevent all public gatherings in all schools, churches, lodges, theaters, pool and billiard halls, swimming pools, stores and other places of business, or any one or more public places; and to this end said county and city health officers shall have the power to deputize persons as guards and such deputized persons shall have the power of deputy state health officers, and shall maintain and strictly enforce such closing order.

Board—Powers—Duty of Local Officers. The State Board of Health shall have supervision of all matters relating to the preservation of the life and health of the people of the state. The board shall have supreme authority in matters of quarantine, and may declare and enforce it when none exists, may modify, relax or abolish it when it has been established. The board may have special or standing orders or regulations for the prevention of the spread of contagious or infectious diseases, and for governing the receipt and conveyance of remains of deceased persons, and such other sanitary matters as admit of and may best be controlled by universal rule. It may also make and enforce orders in local matters, when in the opinion of the State Board of Health,

an emergency exists and the local board of health has neglected or refused to act with sufficient promptness or efficiency, or when no such local board has been established, and all expenses so incurred shall be paid by the county in which such services are rendered out of the general fund of said county. It shall be the duty of all local boards of health, health authorities and officials, officers of the state institutions, police officers, sheriffs, constables, and all other officers and employees of the state, or any county, city or township thereof, to enforce such quarantine and sanitary rules and regulations as may be adopted by the State Board of Health, and in the event of failure or refusal on the part of any member of said boards or other officials, or persons in this section mentioned to so act, he or they shall be subject to a fine of not less than fifty dollars, upon first conviction, and upon conviction of second offense of not less than one hundred dollars. The board shall make careful inquiry as to the cause of disease especially when contagious, infectious, epidemic or endemic, and take prompt action to control and suppress it. It shall respond promptly, when called upon by the state or local government and municipal or township boards of health, to investigate and report upon the water supply, sewerage, disposal of excreta, heating, plumbing, or ventilation of any place or public building.

Violations—Removal of Officers—Penalties. Any health officer who shall refuse or neglect to obey or enforce the provisions of this chapter or the rules or regulations or orders of the State Board of Health or shall refuse or neglect to make prompt and accurate reports to the county health officer or to the State Board of Health may be removed as health officer by the State Board of Health and shall not again be reappointed except with the consent of the State Board of Health.

Any member of a city or county board of health who shall violate any of the provisions of this chapter or refuse or neglect to obey or enforce any of the rules, regulations or orders of the state or county boards of health made for the prevention, suppression or control of any dangerous, contagious or infectious disease or for the protection of the health of the people of this state, shall be guilty of a misdemeanor, and upon conviction shall be fined not less than ten dollars nor more than two hundred dollars. Any physician who shall refuse or neglect to report to the proper health officer within twelve hours after first attending any case of contagious or infectious disease or any diseases, required by the State Board of Health to be reported or any case suspicious of being one of such diseases, shall be guilty of a misdemeanor, and upon conviction shall be fined not less than ten dollars nor more than two hundred dollars for each case that is not reported.

Any person violating any of the provisions of this chapter or violating or refusing or neglecting to obey any of the rules and regulations or orders made for the prevention, suppression and control of dangerous contagious and infectious diseases by the county board of health or health officer or State Board of Health, or who shall leave any pesthouse or isolation hospital or quarantined house or place without the consent of the proper health officer, or who evades or breaks quarantine or conceals a case of contagious or infectious disease or assists in evading or breaking any quarantine or concealing any case of contagious or infectious disease, shall be guilty of a misdemeanor, and upon conviction thereof shall be subject to a fine of not less than twenty-five dollars nor more than one hundred dollars or to imprisonment in the county jail not to exceed ninety days or to both fine and imprisonment.

RULES AND REGULATIONS GOVERNING THE CONTROL OF COMMUNICABLE AND OTHER DISEASES DANGEROUS TO THE PUBLIC HEALTH

BOOK 2

Sec. 4. No person shall willfully expose himself to another, or to any animal affected with, or a carrier of any communicable disease, in any public place or thoroughfare, except in a manner not dangerous to the public health, and every person so affected shall not expose any person thereto without his knowledge.

Sec. 5. Whenever any laboratory or clinical diagnosis discloses that any disease is of a communicable nature, the person making such diagnosis shall immediately take such action as is necessary in order to prevent the spread of such disease, and shall make a report of such action to the jurisdictional health officer. Such person shall, in addition to such report, be prepared to take any such further steps as may be deemed necessary by the State Director of Health and shall report such case, and all connected therewith, to the jurisdictional health officer, or to any person or institution designated by the State Director of Health. Pending official action by the jurisdictional health officer, the attending physician or other person practicing the science of healing shall establish and maintain quarantine rules and regulations as prescribed by the State Board of Health.

All laboratories shall make weekly reports to the county health officer or in the instance of cities of the first class, to the city health officer, on the Thursday of every week, listing the names of the patients or cases, the condition suspected, the diagnostic procedure used, and the result of such analysis, and the name of the physician, for all conditions listed as reportable in the Rules and Regulations of the State Board of Health. County health officers and health officers of the cities of the first class shall every Saturday mail to the State Department of Health, the laboratory reports received by him from the laboratories, and may for his own purpose keep a tabulation of such reports in his own files. These reports shall be made on forms supplied by the State Department of Health and signed by the director of said laboratory.

Sec. 6. (a) When the diagnosis or release of a case, contact or carrier of a communicable disease is dependent upon laboratory findings, the health officer shall require such findings to be obtained by a State Department of Health laboratory or a laboratory approved by the State Department of Health. The health officer shall by himself or his agent secure and submit final cultures or specimens for examination.

(b) Every person, firm or corporation operating or maintaining a laboratory in which body fluids, secretions or excretions are examined for the determination of the presence or absence of an infectious agent in the material examined or in the person or animal from which it was secured, shall register annually with the State Department of Health giving the name of such laboratory, its location and the name of the person or persons owning or operating the same. Laboratories operated by physicians for their personal convenience need not register.

Sec. 7. It shall be and is hereby made the duty of all health officers within the state, to keep currently informed of the occurrence, geographic distribution and prevalence of preventable diseases throughout the state and to carefully

and systematically make reports of such diseases as may be required by these rules and regulations.

REPORTS OF DISEASE BY ATTENDING PHYSICIANS AND OTHERS

Sec. 8.

- A. It shall be the duty of every physician or practitioner, every superintendent or manager of a dispensary, hospital or clinic, or any person in attendance on a case of a reportable disease or a case suspected of being a reportable disease, to report the case immediately to the local health officer.
- B. The submitting of laboratory specimens shall not be considered as a report of any case.
- C. When no physician is in attendance, it shall be the duty of any individual having knowledge of a person suffering from a disease presumably communicable or suspected of being communicable to report forthwith to the local health officer all the facts relating to the case, together with the name and address of the person who is ill.
- D. It shall be the duty of any person who may be interrogated to answer correctly and to the best of his knowledge all questions put to him which may be necessary to elicit any information needed to verify or complete any report of a case of a known or suspected communicable disease or any disease dangerous to the public health or to enable measures to be taken to prevent the spread of any such disease.
- E. It shall be the duty of the physician in attendance on a case considered to be an infectious or communicable disease, to give detailed instructions to the members of the household in regard to precautionary measures to be taken, for preventing the spread of the disease. Such instructions shall conform to the regulations of the State Department of Health and the ordinances in effect in the local community.
- F. The health officer or his medical deputy may accept or may, at his discretion, verify diagnosis made by a physician. The diagnosis of diseases reported from other sources must be verified by the health officer or medical deputy before instituting control measures.
- G. A reported case, unless otherwise specified, shall be accepted as a final diagnosis, and the diagnosis can be changed only by the health officer or his authorized agent; a suspected case may be reported with provisional diagnosis, and may be changed by the physician in attendance after notifying the health officer. Provisional diagnosis shall be changed to final diagnosis within forty-eight hours after being reported as provisional.
- H. It shall be the duty of local health officers to keep all physicians within their jurisdiction supplied with the proper forms upon which to report diseases as required. It is also his responsibility to acquaint the physicians with the list of reportable diseases and to stimulate interest in and encourage good reporting.

Sec. 9. The State Board of Health does hereby declare the following diseases dangerous to the public health and they are hereby declared reportable by law strictly in accordance with the procedure indicated in Section 10 hereinafter.

A.

1. Actinomycosis	31. Malaria
2. Ancylostomiasis	32. Measles
3. Anthrax	33. Meningococcus meningitis
4. Ascariasis	34. Mumps
5. Chancroid	35. Paratyphoid fever
6. Chickenpox	36. Plague
7. Cholera	37. Pneumonia
8. Coccidioidal Granuloma	(a) Acute lobar
9. Conjunctivitis, Acute infectious	(b) Broncho pneumonia
10. Conjunctivitis, Acute kerato	(acute)
11. Dengue fever	(c) Virus type (pneumonitis)
12. Diarrhea or Enteritis	38. Poliomyelitis
(a) of the newborn	39. Psittacosis
(b) Etiology undetermined	40. Puerperal infection
(over 1 year)	41. Rabies (human and animal)
13. Diphtheria	42. Rat-bite fever
14. Dysentery, amebic	43. Relapsing fever
15. Dysentery, Bacillary	44. Rheumatic fever
(Shigella group infection)	45. Ring worm (dermatophytosis)
16. Echinococcus infection	46. Rocky Mountain Spotted fever
17. Encephalitis, infectious	(Tick fever)
(a) Lethargic (Vienna Type, von Economo type)	47. Scarlet fever
(b) Non-lethargic (Encephalomyelitis)	48. Schistostomiasis
(c) Post infectious (Post Febrile, etc.)	49. Septic sore throat
18. Erysipelas	50. Silicosis
19. Favus	51. Smallpox
20. Filariasis	52. Syphilis
21. Food infections, intoxications and poisonings (including botulism)	53. Tetanus
22. German measles	54. Thrush
23. Glanders	55. Trachoma
24. Gonorrhea—all types	56. Trichinosis
25. Granuloma Inguinale	57. Tuberculosis
26. Impetigo Contagiosa	(a) Pulmonary
27. Influenza	(b) Other than pulmonary
28. Jaundice-Ictero-hemorrhagic	58. Tularemia
29. Leprosy	59. Typhoid fever
30. Lymphogranuloma venereum	60. Typhus fever
	61. Undulant fever
	(Brucellosis)
	62. Vincent's infection
	63. Whooping cough
	64. Yellow fever

B. Reportable Poisonings:

1. Aniline Poisoning	8. Dinitrobenzene Poisoning
2. Arsenic Poisoning	9. Naphtha Poisoning
3. Benzine Poisoning	10. Lead Poisoning
4. Benzol Poisoning	11. Phosphorus Poisoning
5. Bisulphide of Carbon Poisoning	12. Tetraethyl lead Poisoning
6. Brass Poisoning	13. Turpentine Poisoning
7. Carbonmonoxide Poisoning	14. Wood Alcohol Poisoning

C. Occupational (industrial) Diseases

Occupational diseases occurring in the State of Washington are compensable and therefore should be reported to the Department of Labor and Industries at Olympia. Through an arrangement with this Department, the Division of Industrial Hygiene of the State Department of Health receives copies of those reports which are then followed up.

REPORTS OF HEALTH OFFICERS**Sec. 10.**

A. The following diseases are to be reported immediately by telegraph or telephone (preferably) as soon as suspected or diagnosed:

1. Any sudden or extraordinary outbreak of serious illness
2. Cholera
3. Plague
4. Typhus fever
5. Outbreaks of food infection or poisoning

Such telephonic or telegraphic reports are to be followed by completed individual report cards mailed at the close of each week. .

B. The following diseases are to be reported by number of cases only, such report being made on the "minor disease" report card and mailed at the close of each week as specified below:

1. Chicken pox	5. Mumps
2. German measles	6. Ring Worm
3. Impetigo contagiosa	7. Vincent's infection
4. Measles	

C. All other diseases are to be reported on completed individual report cards, mailed at the close of each week as specified below:

D. 1. Health officers of cities below the first class (population 20,000) are under the supervision of the County Health Officer. Such City Health Officers shall report to the County Health Officer such diseases as are listed under paragraph A. above and in the manner specified therein.

2. Such City Health Officers (in cities below the first class) shall submit the weekly report of "minor diseases" and the individual report cards of all other diseases reported to the County Health Officer each week on Thursday.

3. Health Officers of cities of the first class will submit reports as indicated in paragraphs A, B. and C above, directly to the State Department of Health, as indicated and each week on Saturday.

4. County Health Officers will submit reports for the area under their jurisdiction to the State Department of Health as indicated and each week on Saturday.

5. In case no reports have been received by a health officer during the week, he is to submit a report of "no cases" on the report cards ordinarily used.

6. All health officers shall immediately, upon receipt of a report of any disease listed as reportable in these rules and regulations, enter same in a record book, or other means, provided for that purpose in his office.

PLACARDS

Sec. 11.

A. **Quarantine Placard.** A "Quarantine" placard, as hereinafter illustrated, shall be of yellow cardboard, not less than 6 inches by 10 inches in size and all letters shall be in black. The letters forming the word "Quarantine" shall not be less than one and five-sixteenths inches in height printed across the length of the card. The stroke of said letters shall not be less than one-fourth inch for down stroke, and one-eighth inch for up stroke and shall be of solid black. The letters of the words "Keep Out" shall be not less than one-half of the height of those in the word "Quarantine" nor less than one-half the strokes mentioned above.

QUARANTINE

KEEP OUT

All persons, not occupants of this apartment, are hereby notified of the presence of a communicable disease within, and are warned not to enter. The person having the disease and all others who have been placed under quarantine in this home **MUST NOT LEAVE THE APARTMENT** until this card has been removed by the Health Officer.

This card must not be concealed from public view, must not be mutilated or defaced and **MUST REMAIN POSTED ON THESE PREMISES UNTIL REMOVED BY THE HEALTH OFFICER.** Any person who violates these rules subjects himself to a fine not to exceed \$100 for each offense or imprisonment in the county jail not to exceed 30 days, or both.

Health Officer

List of Diseases Requiring Quarantine Placard:

1. Cholera	5. Smallpox
2. Diphtheria	6. Typhus fever
3. Plague	7. Tuberculosis—under certain conditions
4. Scarlet fever (Warning Placard may be used at discretion of Health Officer)	

B. **Warning Placard.** A "WARNING" placard, as hereinafter illustrated, shall be of white cardboard, not less than 6 inches by 10 inches in size and all letters shall be in black. The letters forming the word "WARNING" shall be not less than one and five-sixteenths inches in height printed across the length of the card. The stroke of said letters shall not be less than one-fourth inch for the down stroke and one-eighth inch for the upstroke and shall be of solid black. The letters of the words "Keep Out" shall be not less than one-half of the height of those in the word "WARNING" nor less than one-half the strokes mentioned above.

WARNING

KEEP OUT

All persons, not occupants of this apartment, are hereby notified of the presence of a communicable disease within and are warned not to enter. The person having the disease must not leave the apartment until this warning sign has been removed by the Health Officer.

This warning card must not be concealed from the public view, must not be mutilated or defaced and **MUST REMAIN POSTED ON THESE PREMISES UNTIL REMOVED BY THE HEALTH OFFICER.**

Any person who violates these rules subjects himself to a fine of not over \$100 for each offense or imprisonment in the county jail not to exceed 30 days or both.

Health Officer

List of Diseases Requiring Warning Placard:

1. Chicken pox (at the discretion of Health Officer)	9. Psittacosis
2. Dengue fever	10. Septic Sore Throat (or Quarantine Placard, at discretion of Health Officer)
3. Encephalitis	11. Tuberculosis—under certain conditions and at discretion of Health Officer
4. Leprosy	12. Typhoid fever group
5. Measles (at discretion of Health Officer)	13. Whooping Cough (at discretion of Health Officer)
6. Meningitis	14. Yellow fever
7. Mumps (at discretion of Health Officer)	
8. Poliomyelitis	

DEFINITIONS

Sec. 12.

- A. **Carrier** is a person who, without symptoms of a communicable disease, harbors and might disseminate the specific causative agent of a communicable disease.
- B. **Cleaning** shall signify the removal by scrubbing and washing as with hot water, soap and washing soda, of organic matter on which and in which the causative agents of communicable disease may find favorable conditions for prolonging their life and virulence; also the removal by the same means of the causative agents of communicable disease adhered to surfaces.
- C. **Contact** is a person or animal known to have been sufficiently near an infected person or animal to have been presumably exposed to transfer of infectious material directly, or by articles freshly soiled with such material.
- D. **Delousing** is the process by which a person and his personal apparel are treated so that neither lice nor their eggs survive.
- E. **Disinfection** is the destroying of the vitality of the causative agents of communicable disease by chemical or physical means.
 - 1. **Concurrent**—carried on continuously during the illness of the patient and consisting of the disinfection by chemical or physical means of discharges of the patient or any articles soiled by such infectious discharges.
 - 2. **Terminal**—The elimination of the infectious agent in an appropriate manner from the personal clothing, belongings and the immediate

physical environment of the patient at the time when he has become no longer a source of infection and is about to be released from isolation.

- F. **Disinfesting** is any process such as the use of dry or moist heat, gaseous agents, poisoned food, trapping, etc., by which insects and animals known to be capable of conveying or transmitting infection may be destroyed.
- G. **Fumigation** is a process by which the destruction of insects, as mosquitos and body lice, and animals, as rats, is accomplished by the employment of gaseous agents.
- H. **Renovation** in addition to cleaning, is treatment of the walls, floors, and ceilings of rooms or houses as may be necessary to place the premises in a satisfactory sanitary condition.
- I. **Susceptible**. The person or animal who is not known to have become immune to the particular disease in question by natural or artificial process.
- J. **Isolation**. Separation of cases or carriers from other persons in such places and under such conditions as will prevent the direct or indirect spread of the infectious agent to susceptible persons.
- K. **Quarantine**. Limitation of freedom of movement of persons who have been exposed to a communicable disease for a period equal to the longest usual incubation period of the specific disease.
- L. **Communicable Disease** is a disease capable of being transmitted by contact with an individual suffering from it or with some secretion or excretion of such an individual or secondary host or with an object touched by such an individual.

ISOLATION AND QUARANTINE PROCEDURES

Sec. 13.

- A. Placarding. The appropriate placard as set forth by the rules and regulations shall be placed in a conspicuous place, both front and back of the household affected.
- B. The following techniques are recommended as a guide to follow in carrying out certain isolation procedures:
 1. The patient shall have an isolated room screened against flies and other insects.
 2. All persons except those caring for the patient shall be excluded.
 3. Persons caring for the patient shall avoid coming in contact with other persons in the household until every precaution has been taken to prevent the spread of the infectious material from the patient's room. This can be accomplished by the following techniques:
 - a. All necessary articles shall be assembled before entering the patient's room, so it will not be necessary to leave the room until care is completed.
 - b. Attendants shall wear an outer garment such as a gown, smock, or large apron while caring for the patient. Technique for handling such an outer garment is as follows: Collar and shoulder

area of the garment shall be considered not contaminated and this area should not be touched except when the hands are clean, and should be protected from contamination by the patient or other articles in the isolation room. Before removing the garment, hands should be thoroughly washed with soap and water, or other disinfectant solutions as may be prescribed by the health officer. This garment should be kept in the isolation room at all times, and should be hung so that the contaminated side is outward and also in such a position that the attendant may place his or her hands on the uncontaminated or inner side of the garment. After removal of the garment and before leaving the isolation room, the hands should be thoroughly washed again.

- c. Feeding of the patient. Patient's dishes may be handled in either of two ways: (1) Dishes may remain in the room and be washed there after each usage, or (2) if removed after each feeding they may be placed outside of the isolation room in a dishpan containing water. They should be boiled for fifteen minutes before being washed. Food scraps should be placed in paper or paper bags in the isolation room following which they should be burned if facilities for incineration are available. If such facilities are not available, the scraps wrapped in a newspaper, should be placed in a heavy paper bag which should then be tied to prevent the contents from escaping.
- d. Linen and clothing. Containers should be placed immediately outside of the isolation room containing either water and/or a suitable disinfectant solution, and all linen and clothing should be placed in this container. If soap and water is to be used, such linen or clothing should be boiled immediately; those articles which cannot be boiled or disinfected by a solution should be thoroughly aired for a period of twelve hours. In cities in which laundry service for contaminated articles is available, such linen or clothing should be placed in a heavy bag, securely tied and distinctly marked "Infectious."

4. Additional procedures for upper respiratory diseases.
 - a. Mouth and nasal discharges should be destroyed. Clean cloth or paper handkerchiefs should be used and discarded into paper bags attached to the bed, and then burned.
5. Additional procedures for enteric diseases.
 - a. Waste food from the patient's meals should be strictly handled as indicated above.
 - b. Nasal discharges during certain periods of specific diseases should be handled as under the respiratory group.
 - c. Bowel and urine discharges should be disinfected before throwing them into the toilet or privy. Disinfection can be carried out by thoroughly mixing equal parts of stool with a ten per cent solution of chloride of lime or other satisfactory chlorine solution, ten per cent formaldehyde solution, or five per cent tricresol in the bedpan and allow it to stand for one hour.

C. Procedures for Quarantine.

1. In addition to carrying out all the above isolation procedures and the quarantine of the premises, the health officer shall define the area wherein the patient is to be isolated, define the quarantine area and affix the specified placard in a conspicuous place, and determine contacts that are subject to quarantine and issue instructions accordingly.
- D. Procedure for terminating isolation or quarantine.**
 1. Examination of the patient, and members of the household or institution where patient is confined to determine freedom from infection or capability of transmitting the infection for which isolation was imposed.
 2. The patient should be bathed and dressed in uncontaminated clothing.
 3. The room should be thoroughly cleaned and aired.
 - a. Hot water and soap should be used whenever possible.
 - b. All other articles such as mattresses, blankets, toys, books, etc., should be aired for a period of twelve hours. If these articles are soiled they should be cleaned before being used again.
 - c. On release of quarantine, very badly soiled school and library books shall be destroyed. Others must be cleaned, sunned and placed on end, opened, on an open shelf for four weeks, before they are used again.
 - d. No milk bottles shall leave quarantined premises until the termination of quarantine and then shall not be returned until boiled in water for at least fifteen minutes.
- E. No persons, except the health officer and his authorized representatives, physicians, authorized attendants or police shall enter the quarantine area, and no one shall permit any other person to enter any room, apartment, or premises quarantined for a communicable disease, nor shall any person needlessly expose a child or any other person to a communicable disease. The clergy may be permitted to enter the quarantine area for administration of last rites.**
- F. Wage earners constituting the principal support of a family in which there is a communicable disease may be granted liberty to pursue their occupation if, in the opinion of the jurisdictional health officer, they will not be the means of spreading infection.**
- G. No person shall interfere with or obstruct the entrance to any premises or the inspection or examination of any occupant thereof by any health officer, his authorized representative, or a representative of the State Board of Health in the proper discharge of his duties.**
- H. Quarantine or isolation shall be released only upon permission of the jurisdictional health officer. Guards may be employed for the enforcement of said quarantine or isolation where deemed necessary.**

FOOD HANDLING**Sec. 14.**

- A. When a case of diphtheria, septic sore throat, smallpox, tuberculosis, typhoid fever, poliomyelitis, scarlet fever, meningococcus meningitis, amebic or bacillary dysentery exists on any farm or dairy producing milk, cream, butter, cheese or other products likely to be consumed**

raw, no such food shall be sold or delivered from such farm or dairy except under the following provisions:

1. That such foods for sale are not brought into the house where such case exists.
2. That all persons coming in contact with such foods, eat, sleep and work wholly outside of such house and not come in contact in any way with such house or its inmates or contents.
3. That all inmates are properly isolated and separated from all parts of said farm or dairy.
4. That a permit be issued by the health officer, and such premises be open to his inspection at all times.

B. No person affected with any communicable disease shall handle food or food products intended for sale. All persons handling or preparing food stuffs or beverages for sale shall have a physical examination by a doctor of medicine for the purpose of determining the presence of a communicable disease, whenever desired and requested by the state or local health officers. Particular emphasis should be placed on the detection of tuberculosis and the typhoid-paratyphoid-dysentery diseases.

TRAVEL

Sec. 15.

- A. Persons afflicted with a communicable disease shall remain on the premises to which they have been confined until the restrictions have been terminated by the health officer or his permission given for their removal to another place.
- B. No individual with a communicable disease nor any contact of a communicable disease case subject to isolation or quarantine, shall be transported from one place to another without the permission of the jurisdictional health officer, and no case may be transported outside the area of jurisdiction of the health officer until the permission of the health officer into whose territory the case is being taken, is obtained. When transportation involves travel through several counties the permission as to travel shall be obtained from the State Department of Health.
- C. The regulations made by the United States Public Health Service for the control of common carriers engaged in interstate business are hereby declared to be part of these regulations of the State Board of Health of Washington and shall apply to intrastate transportation.
- D. No person knowingly afflicted with a dangerous communicable disease shall use any public conveyance, and no person or persons knowingly shall assist such afflicted person by the use of any such public conveyance.
- E. All railroads, vessels or other common carriers, and the owners, consignees, or the assignees of any railroad, vessel, stage or other vehicle used for the transportation of passengers, baggage or freight, shall submit to any rules or regulations imposed by the State Board of Health; they shall submit to any examination required by the health authorities

respecting any circumstances or events touching the health of the crew, operatives or passengers and the sanitary condition of the baggage or freight.

F. Should discovery be made of the existence among passengers, operatives or crew of a public conveyance, of any case or cases of communicable disease, the State Director of Health, his deputies or the local health officer shall have power to cause the detention of such conveyance, to isolate the sick or remove them to a suitable place for treatment, to establish a suitable station to cause the passengers, operators or crew, in such infected public conveyance to be subject to disinfection and cleaning before proceeding, and to offer free immunization in those diseases to which such prophylactic treatment is applicable, to all persons exposed. If the person or persons so removed are unable to pay, the same shall be a valid claim against and be refunded by the owners, agents or assignees of the public conveyances from which said person or persons were removed.

G. It shall be the duty of the person in charge of any public conveyance going into a place or port within the State of Washington, to immediately notify, by telegraph or telephone, the State Department of Health of any case or suspected case of cholera, diphtheria, smallpox, scarlet fever, typhoid fever, typhus fever or plague occurring on such public conveyance within the State of Washington.

SCHOOLS AND PUBLIC GATHERINGS

Sec. 16.

A. It shall be the duty of every teacher in any school, public or private, within the State of Washington to report forthwith to the principal or person in charge of such school all facts relating to the illness and physical condition of any child in such school who appears to be affected with a disease, presumably communicable. It shall be the duty of the principal or person in charge of every such school to report forthwith to the local health authorities all facts relating to the illness or physical condition of any child attending such school, who appears to be affected with any disease, or infestation presumably communicable, together with the name, age and address of such child. Such child shall be at once sent home or isolated.

B. It shall be the duty of the principal or other person in charge of any public, private or Sunday School to exclude therefrom any child or other person affected with a disease or infestation, such as scabies or pediculosis, presumably communicable, until such child or other person shall have presented a certificate issued by the health officer, or by the attending physician and countersigned by the health officer, stating that such child or other person is not liable to convey infective or infesting agents.

HEALTH CERTIFICATES—SCHOOL EMPLOYEES

Sec. 17.

A. No person employed in any public, parochial or private school, including colleges and universities, in this state shall work at such employment while suffering from any communicable disease. No contract of

any school employee (teacher, bus driver, janitor, clerk, or other employee) who comes in direct contact with the students in any school shall become operative until such employee has filed with the local superintendent of schools and/or president of college or university, a health certificate, issued by the State Department of Health. The word "operative" may be understood to mean that salary warrants shall not be issued until this evidence is properly filed and recorded with the superintendent of schools and/or president of college or university.

- B. For the purpose of this regulation, each school employee who comes in direct contact with students shall submit a roentgenogram of his chest to the State Department of Health at the time of the employee's application for initial employment in this state, and all employees under thirty-five years of age shall submit one every two years thereafter, and all thirty-five years of age or over, each fifth year following the initial examination.
- C. Roentgenograms unsatisfactory for diagnostic purposes shall be returned to the physician or agency by whom they were made and such physician or agency shall submit a satisfactory roentgenogram of the chest to the State Department of Health without additional charge to the employee.
- D. When such roentgenograms show no questionable evidence of active pulmonary tuberculosis as interpreted by a board of radiologists and tuberculosis specialists appointed by the Director of the State Department of Health, the latter will issue a health certificate, the duration of which shall not exceed two years for employees under thirty-five years of age and shall not exceed five years for employees over thirty-five years of age. In cases of doubtful diagnosis when the interpreting board deems it necessary, additional roentgenograms of the chest shall be required. Miniature X-Ray films will be accepted for screening purposes. If the miniature film reveals no evidence of pulmonary disease, certification shall be granted for a calendar year. If the miniature film reveals evidence of pathology, whether obvious or questionable, then a full size roentgenogram shall be requested.
- E. For renewal of certification a new roentgenogram should be submitted not less than thirty days prior to expiration of the certificate: *Provided*. These regulations shall not apply to casual substitutes, teachers who do not teach more than 30 calendar days in any school year.
- F. The employee shall file the health certificate with the County Superintendent of Schools, and/or president of college or university, except in districts of the first class when such certificates shall be filed with the City Superintendent of Schools. Whenever an employee transfers from one district to another, the local Superintendent of Schools, and/or president of college or university, shall return to the employee his health certificate, which shall be filed with the Superintendent of Schools and/or president of college or university in the new locality.

BARBERS AND COSMETICIANS

Sec. 18. No person shall act as a barber or cosmetician who is afflicted with a communicable disease. All persons acting as a barber or cosmetician shall have a physical examination by a doctor of medicine for the purpose of determining the presence of a communicable disease, whenever desired and requested by the state or local health officers.

No person suffering from a disease of the skin, scalp, or hair or other communicable disease, unless such customer is provided with utensils for exclusive use, shall be served in a public shop. The hands of the barber or cosmetician shall be washed with soap and water before serving each customer.

SPECIAL REGULATIONS CONCERNING VENEREAL DISEASES

Sec. 19.

- A. The State Department of Health shall make free laboratory examinations for venereal disease for the physicians of the state in places where no approved laboratory exists and for patients not having funds to pay for such examination. When specimens are submitted to a laboratory for examination for syphilis, gonorrhea or other venereal infection, they must be submitted under the name or serial number used in reporting the case to the health officer. When the examination is completed, the laboratory shall mail to the health officer having jurisdiction, a copy of the report made to the attending physician, excepting those that are negative, and such report shall be attached to and become a part of the report of the case on file in the health office.
- B. Whenever a case of syphilis, gonorrhea or other venereal infection is under the care of a legally qualified and licensed physician, such physician shall, in addition to reporting the case as provided in these rules and regulations, instruct the patient as to the communicability of the disease; that he is required by law to refrain from any act that may transmit the disease to another, and to give such person literature relative to such disease as shall be provided by the State Department of Health, the United States Public Health Service and the Washington Social Hygiene Society.
- C. All health officers shall investigate and examine, or cause to be examined, all cases within their jurisdiction, whom they have reason to suspect are infected with syphilis, gonorrhea, or other venereal infection, and such investigation shall include the submission of specimens to an approved laboratory for examination. All persons infected with syphilis, gonorrhea, or other venereal infection shall be required to report for treatment to a doctor of medicine and continue treatment until cured, or to submit to treatment provided at public expense until cured. When in the judgment of the local health officer it is necessary to protect the public health, isolation or quarantine shall be instituted.
- D. All persons who have active lesions of syphilis in such a place upon their bodies so that it may be easily transmitted by the touch, or handling of foodstuffs, utensils, towels, etc., and all persons who have active lesions of syphilis within the mouth or upon the lips shall be quarantined by the health officer having jurisdiction.

- E. No physician, laboratory technician or other person shall issue a certificate or statement that any person is free from any venereal disease infection, and no health officer shall accept any certificate from any physician whatsoever stating that the person suspected of suffering from any disease mentioned in these regulations, as evidence that such person is not so infected.
- F. No person shall advertise or publish any advertisement intended to imply or to be understood that he will restore manly vigor, treat or cure lost manhood, lost power, stricture, gonorrhea, chronic discharges, varicocele or syphilis. No person shall advertise any medicine, medical preparation, remedy or prescription for any of the ailments or diseases enumerated in these sections. No owner or managing officer of any newspaper shall print or permit to be printed any such advertisement as described in this section. It shall be unlawful for any person or persons, firm or corporation, or association, except boards of health or agencies approved by the State Director of Health, to publish, deliver, or distribute, or cause to be published, delivered or distributed in any manner whatsoever, any newspaper advertisement or any printed or written matter calling attention or giving prominence to any medicine, article, or thing to be used as a cure for venereal diseases, or to any person who can cure any of the acute diseases of men or any of the diseases mentioned in these regulations.
- G. No person shall treat or diagnose or prescribe for venereal diseases, or any one of them, unless he or she shall have first obtained a license to practice medicine and surgery, as provided by law, within the State of Washington.
- H. Prenatal Blood Test. Every physician attending a pregnant woman in the State of Washington during gestation shall at the time of first examination obtain a sample of blood of such woman and submit it to a laboratory approved by the State Director of Health for the performance of a standard serological test for syphilis. If the pregnant woman first presents herself for examination after the fifth month of gestation, the physician shall, in addition to the above, advise and urge the patient to receive medical examination and blood test before the fifth month of any subsequent pregnancies. Every pregnant woman found infected shall begin immediately to receive the accepted course of anti-syphilitic treatment.

RULES AND REGULATIONS GOVERNING VENEREAL DISEASE TREATMENT CENTERS

Sec. 20.

- A. In compliance with Section 6107, Remington's Revised Statutes, Laws Pertaining to Public Health, the State of Washington is hereby divided into two Venereal Disease Quarantine Districts.

District No. 1 This shall include the Seattle area.

District No. 2. This shall include the remainder of the State of Washington.

- 1. In District No. 1, there will be established an institution known as "Seattle Treatment Center." In District No. 2, there will be established an institution known as "Washington Infirmary." The func-

tions of such centers shall be to quarantine and treat persons infected with venereal diseases, for the preservation of the public health of the people in the State of Washington.

- B. It is further provided that nothing herein shall prevent the transfer of patients from one district to another as the need may warrant.
- C. The Seattle Treatment Center, located in Quarantine District No. 1 will be operated by the City of Seattle, under the jurisdiction of the City Health Department.
- D. The Washington Infirmary for Quarantine District No. 2 shall be a rapid treatment center operated by the State of Washington. General policies concerning the management of the Washington Infirmary shall be arrived at jointly by the authorized representatives of the State Department of Health, the State Department of Finance, Budget and Business, and the State Department of Social Security.
 - 1. The State Department of Health through the medical officer of the Washington Infirmary shall be responsible for providing treatment of those infected with venereal disease.
 - 2. A sliding scale of allotment of beds to each major locality will be based on need and available space as determined by the State Director of Health.
 - 3. Admissions will be at the discretion of the State Director of Health and the medical officer of the institution.
 - 4. Admissions on an involuntary basis will be limited to those who show evidence of infection with a venereal disease, by reason of which the patient is considered a menace to the health, safety and welfare of the armed forces, war industrial workers, or the community surrounding war activities. Because of the mobility of workers, armed forces, and of persons following these groups, admission will not necessarily be restricted to residents of the State of Washington.
 - 5. Patients may be paroled at the discretion of the medical officer of the institution.

E. Procedure of Admissions

- 1. Admissions will be of both a voluntary or involuntary nature.
- 2. Involuntary admissions shall be in compliance with Sections 6101 and 6107 of Remington's Revised Statutes, Laws Pertaining to Public Health.
- 3. Admission shall be certified by the State Director of Health or his duly authorized deputies. Certification shall be made in accordance with Section 6101, Section 6105, Section 6106, and Section 6107 of Remington's Revised Statutes, Laws Pertaining to Public Health.

F. Treatment and Quarantine

- 1. Quarantine shall be for the period of treatment and such further period of observation as deemed necessary by the medical officer.
- 2. Treatment procedures shall be in accordance with those prescribed by the medical officer and with the approval of the State Director of Health.

G. Records and Reports

Records and reports shall be in accordance with those prescribed by the State Director of Health.

H. Transportation

Transportation of patients to the Washington Infirmary shall be provided by the county and/or city where diagnosis is made.

I. Discharges

Discharges will be made only upon the written recommendations of the medical officer to the superintendent of the project. A guidance committee composed of the superintendent, chief medical officer, and the placement specialist will discuss each case within a reasonable period before discharge in order that the most suitable plan possible may be made for the social readjustment of each patient.

FUNERALS

Sec. 21. Funeral services for individuals who have died of a communicable disease shall be conducted under the supervision of the jurisdictional health officer. In quarantinable diseases and diseases requiring restriction of contacts, a public funeral service may be permitted only in those instances wherein the casket remains closed and members of the family and the contacts are segregated from the public. For further information refer to Book 6, Laws, Rules and Regulations of the State Board of Health, Vital Statistics.

RULES AND REGULATIONS GOVERNING SPECIFIC DISEASES DANGEROUS TO THE PUBLIC HEALTH

Sec. 22.

1. ACTINOMYCOSIS

Regulations: Reportable only.

Disinfection of discharges from lesions and articles soiled therewith.
Sale of milk from infected animals prohibited.

Recommendations:

Destruction of known animal sources of infection.

Information:

ETIOLOGICAL AGENT. *Actinomyces bovis*.

SOURCE OF INFECTION. The nasal and bowel discharges and the material from lesions of infected animals or human case. Uncooked meat from infected animals.

MODE OF TRANSMISSION. By contact with discharges or with articles freshly soiled with discharges from animal and human cases.

INCUBATION PERIOD. Undetermined and variable.

PERIOD OF COMMUNICABILITY. As long as open lesions remain, as proved by the presence of the infectious agent on microscopic or cultural examinations.

IMMUNIZATION. None.

2. ANCYLOSTOMIASIS (Hook Worm)

Regulations: Reportable only.

Disinfection—Sanitary disposal of bowel discharges.

Recommendations:

EDUCATION as to dangers of soil pollution and methods of prevention.

PREVENTION OF SOIL POLLUTION by installation of sanitary disposal system for human discharges, especially sanitary privies in rural areas.

PERSONAL PROPHYLAXIS is cleanliness and the wearing of shoes.

Information:

ETIOLOGICAL AGENT. *Necator Americanus*, rarely *ancylostoma duodenale*.

SOURCE OF INFESTATION. Feces of infested persons.

MODE OF TRANSMISSION. Larval forms pierce the skin, usually of the foot. By drinking water containing larvae; by eating soiled food; by hand to mouth transmission of ova or larvae from objects soiled with infected discharges. The chief source of infestations materials is contaminated soil.

INCUBATION PERIOD. Two to ten weeks.

PERIOD OF COMMUNICABILITY. As long as the parasite or its ova are found in the bowel discharges. Contaminated soil may remain infestatious for five months in the absence of freezing.

IMMUNIZATION. None.

3. ANTHRAX

Regulations:

PLACARD. None.

ISOLATION. Until lesions have healed.

QUARANTINE. None.

CONCURRENT DISINFECTION of discharges from lesions and articles soiled therewith. (Note: Spores can be killed only by special measures such as steam under pressure or burning.)

TERMINAL DISINFECTION. Thorough cleaning.

SALE OF MILK, MEAT, HIDES AND HAIR from infected animals prohibited.

Recommendations:

Every person handling raw hide, hair, wool, fur or bristles who has an abrasion of the skin should immediately report to a physician.

DISINFECTION of hides, hair, fur, wool or bristles of animals originating in known infected centers before they are used or sorted.

Information:

ETIOLOGICAL AGENT. Anthrax bacillus.

SOURCE OF INFECTION. Discharges from open lesions of human and animal cases and hair, hides, flesh and feces of infected animals.

MODE OF TRANSMISSION. Inoculation as by accidental wound or scratch, inhalation of spores of the infectious agent, ingestion of insufficiently cooked infected meat, and mechanically by flies and mosquitos.

INCUBATION PERIOD. Within seven days.

PERIOD OF COMMUNICABILITY. During the febrile stage of the disease and until lesions have ceased discharging. Infected hair and hides of infected animals may communicate the disease many months after slaughter of the animal and after curing of hide, fur or hair, unless disinfected.

4. ASCARIASIS (Round Worm Infestation)

Regulations: Reportable only.

DISINFECTION. Sanitary disposal of feces and washing hands with soap and water after defecating and before eating.

Recommendations:

Sanitary disposal of feces.

Information:

ETIOLOGICAL AGENT. *Ascaris lumbricoides*.

SOURCE OF INFESTATION. Excreta of infested persons, particularly children, and articles soiled with excreta from such persons.

MODE OF TRANSMISSION. By direct or indirect transmission of the embryonated eggs from soil or other polluted material to the mouth.

INCUBATION PERIOD. Worms reach maturity in the body about two months after infestation.

PERIOD OF COMMUNICABILITY. As long as mature female worms live in the intestine.

IMMUNIZATION. None.

5. CHANCRON

Regulations:

PLACARD. None, provided the patient is receiving adequate medical treatment and not exposing others to the infection.

ISOLATION. None, provided the patient is receiving adequate medical treatment and not exposing others to the infection.

QUARANTINE. None, provided the patient is receiving adequate medical treatment, and not exposing others to the infection.

CONCURRENT DISINFECTION of all discharges from lesions and articles soiled therewith.

TERMINAL DISINFECTION. None.

See Special Regulations, Sections 19 and 20.

Recommendations:

Clinical symptoms should be confirmed by microscopic examination of discharges. Syphilis should be ruled out by darkfield examination of lesion and the case should be followed up by blood tests.

Education in matters of sex hygiene should be given.

Information:

INFECTIOUS AGENT. Probably bacillus Ducrey.

SOURCE OF INFECTION. Discharges from lesions and articles freshly soiled therewith.

MODE OF TRANSMISSION. Direct personal contact (usually sexual) with infected persons and indirectly by contact with discharges from lesions.

INCUBATION PERIOD. One to five days.

PERIOD OF COMMUNICABILITY. As long as lesions are open.

6. CHICKEN POX

Regulations:

PLACARD. "WARNING" placard at discretion of the health officer.

ISOLATION. Until all scabs have disappeared from the body, exclusive of the scalp.

QUARANTINE. None. Attendance at school is forbidden for any child of the family for a period of three weeks after the disappearance of the scabs from the body of the case to which the child has been exposed, unless the child has been vaccinated against smallpox within the past five years, or can present satisfactory evidence of having had smallpox.

DISINFECTION. Isolation procedure. Refer to Section 13.

Recommendations:

Differentiation of this disease from mild smallpox is important, especially in persons over fifteen years of age.

Information:

ETIOLOGICAL AGENT. A specific filterable virus.

SOURCE OF INFECTION. The infectious agent is presumably present in the lesions of the skin and of the mucous membranes; the latter appearing early and rupturing soon after they appear, render the disease very communicable.

MODE OF TRANSMISSION. Directly from person to person; indirectly through articles freshly soiled by discharges from an infected person.

INCUBATION PERIOD. Two to three weeks.

PERIOD OF COMMUNICABILITY. Until the primary scabs have disappeared.

IMMUNIZATION. None.

7. CHOLERA

Regulations:

PLACARD. "QUARANTINE" placard, telegraphic report.

ISOLATION OF PATIENT. Hospital or screened room until stools are negative for cholera bacilli.

QUARANTINE. Contacts for five days from last exposure and until stools are found to be negative for cholera vibrio. Quarantine carriers until free from infective agent.

DISINFECTION. Prompt and thorough quarantine procedure. Refer to Section 13.

TERMINAL DISINFECTION. Bodies of those dying from cholera must be cremated, or wrapped in a sheet thoroughly wet with a five per cent Phenol solution or a ten per cent Formaldehyde solution, and placed in a water-tight casket.

Recommendations:

Rigid personal prophylaxis of attendants by scrupulous cleanliness, disinfection of hands each time after handling patients or touching articles contaminated by dejecta, the avoidance of eating or drinking anything in the room of the patient, and the prohibition of those attendant on the sick from entering the kitchen. The bacteriological examination of the stools of all contacts to determine carriers. Isolation of carriers. Water should be boiled if used for drinking

or toilet purposes, or if used in washing dishes or food containers, unless the water supply is adequately protected against contamination or is so treated, as by chlorination, that the cholera vibrio cannot survive in it. Careful supervision of food and drink; where cholera is prevalent, only cooked foods should be used. Food and drink after cooking or boiling should be protected against contamination, as by flies and human handling.

EPIDEMIC MEASURES. Inspection service for early detection and isolation of cases; examination of persons exposed in infected centers for detection of carriers, with isolation or control of carriers; cleaning of rooms occupied by the sick, and the detention, in suitable camps for five days, of those desirous of leaving for another locality. Those so detained should be examined for detection of carriers.

Information:

ETIOLOGICAL AGENT. Cholera vibrio.

SOURCE OF INFECTION. Bowel discharges and vomitus of infected persons and feces of convalescent or healthy carriers. Ten per cent of contacts may be found to be carriers.

MODE OF TRANSMISSION. By food and water polluted by the infectious agent; by contact with infected persons, carriers, or articles freshly soiled by their discharges; by flies.

INCUBATION PERIOD. One to five days, usually three days, occasionally longer if the healthy carrier stage, before development of symptoms, is included.

8. COCCIDIOIDAL GRANULOMA (Valley Fever)

Regulations: Reportable only.

DISINFECTION. All discharges from skin lesions, necrotic lymph nodes, sputum and articles soiled therewith.

Information:

ETIOLOGICAL AGENT. Coccidioides immitis.

SOURCE OF INFECTION. Soil and vegetation contaminated by discharges and with the spores of the micro-organism.

MODE OF TRANSMISSION. Through wounds of the skin smeared with contaminated soil or vegetation, or the inhalation of spores from dried soil and vegetation.

INCUBATION PERIOD. Not determined.

PERIOD OF COMMUNICABILITY. As long as open lesions persist.

IMMUNIZATION. None.

Case fatality, nearly one hundred per cent.

9. CONJUNCTIVITIS, ACUTE INFECTIOUS

Regulations:

PLACARD. None.

ISOLATION. Exclusion of children from school and isolation until recovery is complete.

QUARANTINE. None.

DISINFECTION. Isolation procedures. Refer to Section 13.

PROPHYLAXIS. Silver nitrate solution 1 per cent shall be placed in the eyes of the newborn immediately after birth.

Recommendations:

Carry out the measures indicated in methods of control for gonorrhreal ophthalmia.

Information:

ETIOLOGICAL AGENT. The gonococcus or some member of a group of pyogenic organisms.

SOURCE OF INFECTION. Discharges from the conjunctivae or adnexa or genital membranes of infected persons.

MODE OF TRANSMISSION. Contact with infected persons or articles freshly soiled with discharges of such persons.

INCUBATION PERIOD. Usually thirty-six to forty-eight hours.

PERIOD OF COMMUNICABILITY. Until the discharges from the infected mucous membranes have ceased.

10. CONJUNCTIVITIS, EPIDEMIC KERATOCONJUNCTIVITIS

Regulations:

PLACARD. None.

ISOLATION. Exclusion of patient from occupation and isolation until recovery is complete.

QUARANTINE. None.

DISINFECTION. Strict isolation procedure.

Recommendations:

1. Particular cleansing of the hands of all persons treating or otherwise exposed to the disease, including physicians and nurses.
2. Assignment of personal protective devices, such as respirators and goggles, to an individual for his exclusive use. (Such devices must be thoroughly sterilized before being assigned to another worker.)
3. Isolation of infected patient, and instruction on hygienic measures to prevent spread to fellow workers and members of his family.
4. Removal of infected patient from work until recovery from conjunctivitis is complete.

Information:

ETIOLOGICAL AGENT. Presumably a virus.

SOURCE OF INFECTION. Contaminated objects—hands, goggles, respirator, and instruments; nasal and eye discharges of infected persons.

MODE OF TRANSMISSION. Contact with infected person, or articles freshly soiled with discharges of such person.

INCUBATION PERIOD. Five to twelve days, average eight days.

PERIOD OF COMMUNICABILITY. Until all evidence of inflammation of the eyes has disappeared.

11. DENGUE FEVER

Regulations:

PLACARD. "WARNING" placard during period of communicability and until mosquitoes have been destroyed.

ISOLATION. Patient must be kept in a screened room during period of communicability.

QUARANTINE. None.

DISINFECTION. Isolation procedure: particular emphasis placed on screening.

Recommendations:

Measures directed toward elimination of mosquitoes.

Screening of rooms.

Information:

ETIOLOGICAL AGENT. A filterable virus.

SOURCE OF INFECTION. Blood of infected persons.

MODE OF TRANSMISSION. By bite of infected mosquito (aedes aegypti).

INCUBATION PERIOD. Three to ten days.

PERIOD OF COMMUNICABILITY. From the day before the onset to the fifth day of the disease.

12. DIARRHEA AND ENTERITIS

A. Of the newborn—under 1 year of age (epidemic)

Regulations:

PLACARD. None.

ISOLATION. If in hospital or nursery, until recovery.

QUARANTINE. None. Infants should not be admitted to a nursery in which diarrheal cases are being cared for.

CONCURRENT DISINFECTION. Careful attention to aseptic technique involved in preparing formulae, sterilizing bottles and nipples. Proper refrigeration of prepared formulae. Careful isolation technique, with emphasis on hand washing with soap and warm water after handling each infant, particularly after diapering.

Recommendations:

Avoid diapering immediately preceding feeding time.

Use individual containers of solution for cleansing breasts and avoid contamination of it.

Nurseries are urged to use only completely equipped individual units, including a separate thermometer, for each infant.

Criteria for diagnosis:

Suspicious—more than one loose stool in one day.

Definite case—loose stools persisting for two or more days.

Laboratory examinations:

Obtain cultures from supposedly sterilized nipples, bottles and formulae and cleansing solution used for breasts.

Submit stool specimens for culture immediately upon suspicion.

Information:

ETIOLOGICAL AGENT. Variable.

SOURCE OF INFECTION. Contaminated nipples, bottles, formulae or solution for cleansing breasts.

INCUBATION PERIOD. One to seven days.

MODE OF TRANSMISSION. The infection is usually not passed from infant to infant directly but more probably is transmitted through a common intermediate source.

B. Etiology Undetermined—over 1 year of age.

Regulations:

PLACARD. None.

ISOLATION. As in Section 13 for enteric disease.

QUARANTINE. None.

CONCURRENT DISINFECTION. Particular attention should be paid to hand washing with soap and warm water after contact with patient. Disinfect bowel discharges if open privy is used.

Recommendations:

Protect food from flies, use proper refrigeration.

Eliminate flies by adequate screening and other methods.

Information:

ETIOLOGICAL AGENT. Variable.

SOURCE OF INFECTION. Bowel discharges of infected persons.

MODE OF TRANSMISSION. By drinking contaminated water, by eating infected foods, and by hand to mouth transfer of infected material; from objects soiled with discharges of an infected person; by flies, other insects and rodents.

INCUBATION PERIOD. Commonly two to seven days. Occasionally longer.

PERIOD OF COMMUNICABILITY. Until recovery.

13. DIPHTHERIA

Regulations:

PLACARD. "QUARANTINE" placard.

ISOLATION. Minimum period of fourteen days and until two successive cultures from the nose and two from the throat taken not less than 24 hours apart fail to show the presence of virulent diphtheria bacilli.

QUARANTINE. All intimate contacts until shown by bacteriological examination not to harbor diphtheria bacilli or, if such are found, if they prove to be avirulent. Upon obtaining permission from the health officer, children and teachers may continue to attend school if a nose and throat culture is found to be negative: *Provided*, They are removed to another address where there are no children: *And provided*, They are kept under daily observation for five days following such removal.

The wage-earner may be given permission by the health officer to continue his work: *Provided*, That two successive cultures from the nose and throat are negative, and that he moves to another address where there are no children.

CARRIERS.

- (A) Contact carriers are to be quarantined and isolated in the same manner as a case, and efforts instituted to clear up the infection.
- (B) Casual carriers (not related to a case). Confirmatory laboratory procedures for the identification of the diphthomorphous organisms must be carried out, and if found to be confirmed, a virulence test should be performed. Such a carrier must be isolated until the results of such laboratory work may be obtained.

DISINFECTION. Strict quarantine and isolation procedure. Refer to Section 13.

Recommendations:

ACTIVE IMMUNIZATION of all children by end of first year of life without prior Schick testing. This same procedure should be applied to all children at or below six years of age if immunization has been neglected in infancy.

PASTEURIZATION OF MILK.

In treatment of a case, it is recommended that large doses of anti-toxin be used initially. The usual accepted minimum dose is 40,000 units. This dose will vary upward according to the severity of the disease and the size of the patient. Always check patient for horse-serum sensitization.

VIRULENCE TEST. In the case of convalescent and contact carriers, the fact that the clinical disease is or was present in the presumed source of infection is presumptive evidence that the diphtheria bacilli recovered from such carriers are virulent.

Experience has shown that such organisms remain virulent in the majority of cases for at least three months (if they persist that long). In view of this, virulence tests upon cultures should be confined to the following:

1. Release-cases not less than six weeks after onset, and after treatment fails to clear the nose and throat of diphthomorphous organisms as shown by repeated cultures.
2. Contacts which fail to respond to local treatment.
3. Casual carriers that fail to respond to local treatment.

4. If the virulence test is positive and organisms continue to persist, it is of little value to repeat the virulence test and certainly not advisable to repeat it until at least four weeks after the specimen for the first virulence test was obtained.

Information:

ETIOLOGICAL AGENT. Diphtheria bacillus.

SOURCE OF INFECTION. Discharges from diphtheritic lesions of nose, throat, conjunctiva, vagina and wound surfaces. Secretions from the nose and throat of carriers of the bacillus.

MODE OF TRANSMISSION. By direct personal contact and by articles freshly soiled with discharges or through infected milk or milk products.

INCUBATION PERIOD. Within seven days, usually less than four.

PERIOD OF COMMUNICABILITY. Until virulent bacilli have disappeared from the secretions and lesions.

IMMUNIZATION. Passive, with diphtheria anti-toxin; active, with toxoid.

14. DYSENTERY, AMOEBOIC

Regulations: Reportable only.

DISINFECTION of bowel discharges.

INFECTED PERSONS AND CARRIERS are prohibited from handling milk or other foods.

Recommendations:

Boil drinking water unless known to be free from contamination.

Protect water supply against contamination and supervise all foods eaten raw.

Sanitary disposal of excreta.

Location and supervision of carriers.

Information:

ETIOLOGICAL AGENT. Endamoeba histolytica.

SOURCE OF INFECTION. Bowel discharges of infected persons.

MODE OF TRANSMISSION. By drinking contaminated water and by eating infected material; from objects soiled with discharges of an infected individual, or of a carrier; by flies.

PERIOD OF COMMUNICABILITY. During course of infection and until repeated microscopic examination of stools shows absence of the endamoeba histolytica (either trophozoites or cysts). Chronic cases and carriers are the chief sources of spread.

15. DYSENTERY, BACILLARY (Shigella Group infections)

Regulations:

PLACARD. None.

ISOLATION. Until bowel discharges are free from dysentery bacilli.

QUARANTINE. None.

CONCURRENT DISINFECTION of bowel discharges.

TERMINAL DISINFECTION. Thorough cleaning.

SALE OF MILK from premises prohibited unless milking is performed and the dairy products and milking utensils are handled by persons entirely disassociated from the infected family, and the premises on which the family is confined.

Recommendations:

Rigid personal prophylaxis of attendants. Search for carriers and proper control of same. Water supply supervision. Excreta disposed of in sanitary manner. Protection of patient and discharges against flies.

Information:

ETIOLOGICAL AGENT. Dysentery bacilli (Shigella group)

SOURCE OF INFECTION. Bowel discharges of infected persons.

MODE OF TRANSMISSION. By drinking contaminated water, by eating infected foods and by hand to mouth transfer of infected material; by objects soiled with discharges of an infected individual or of a carrier; by flies.

INCUBATION PERIOD. Two to seven days.

PERIOD OF COMMUNICABILITY. During the febrile period of the disease and until the organism is absent from the bowel discharges.

IMMUNIZATION. Dysentery bacillus vaccine. (Seldom used.)

16. ECHINOCOCCUS INFECTION

Regulations: Reportable only.

17. ENCEPHALITIS

A. Lethargic (Vienna type, von Economo, Type A)

Regulations:

PLACARD. "WARNING" placard.

ISOLATION. During febrile stage of disease.

QUARANTINE. None.

DISINFECTION of discharges of nose and throat and articles soiled therewith.

Recommendations:

To differentiate type of encephalitis and to confirm diagnosis, it is advisable to submit blood specimens to a laboratory capable of performing tests for the identification of virus diseases. These specimens may be submitted through the Division of Laboratories of the State Department of Health. At least two specimens should be submitted, an early specimen (within the first week of illness), and a late specimen (about a month after recovery).

Search for prior and unreported cases in the community.

Information:

ETIOLOGICAL AGENT. Probably a filterable virus.

SOURCE OF INFECTION. Probably discharges from nose and throat of carriers or infected persons.

MODE OF TRANSMISSION. Probably by direct contact with a carrier or infected person.

INCUBATION PERIOD. Unknown.

PERIOD OF COMMUNICABILITY. Unknown. Probably at a maximum during acute stage.

The lethargic (Vienna) type is the most chronic and variable in course, often with a mild febrile onset, later with symptoms of brain or nerve involvement, such as slight meningeal irritation, somnolence, restlessness, diplopia or evident paralysis of eye muscles, insomnia, twitching, myoclonia, catatonia, with or without fever; and still later at times, slow semi-rigid movements, coarse tremor, mask-like expression or other disturbances of motility, psychic or behavior disturbances, often with exacerbations and remissions over several years.

B. Non-Lethargic (Equine Encephalomyelitis. St. Louis type. Japanese B type, Type B) Arthropod-borne.

Regulations:

PLACARD. "WARNING" placard.

ISOLATION. During febrile stage of disease, in mosquito-proof quarters.

QUARANTINE. None.

Recommendations:

1. Differentiate type of encephalitis and confirm diagnosis by submitting blood specimens as indicated under Lethargic type "Recommendations."
2. Immunization of individuals whose work causes them to be exposed to mosquitoes and animals in endemic areas.
3. Eradication of mosquito-breeding places where possible.
4. Proper screening of homes.
5. In endemic areas where mosquitoes are prevalent, people should be advised to remain indoors or within screened quarters after sundown as the mosquito vector does not come out until then.
6. Persons who cannot remain indoors during these hours should wear protective clothing or netting or use insect repellants.
7. Enforce zoning restrictions to eliminate domestic stock and fowl in cities or villages in endemic areas.
8. Vaccination of domestic animals and pets.

Information:

ETIOLOGICAL AGENTS. Certain specific filterable viruses.

SOURCE OF INFECTION. Reservoir of infection in many animals and fowl, both wild and domestic.

MODE OF TRANSMISSION. By the bite of infected mosquitoes, principally the culex and aedes varieties.

INCUBATION PERIOD. 4 to 21 days in St. Louis type. (Probably also applicable to other types.)

PERIOD OF COMMUNICABILITY. Probably only during incubation period.

IMMUNIZATION. Available for Equine types.

In the St. Louis type and western equine type, the onset is usually more abrupt as to fever and headache, with drowsiness rather than deep sleep, disorientation, motor disturbances but very infrequent paralysis of the eye muscles. Meningeal irritation with an increase of cells in the spinal fluid more uniformly than in Vienna type, and usually complete and fairly prompt recovery in the non-fatal cases.

The Eastern equine type has been a more severe and fatal disease in humans and is likely to leave nervous and mental sequellae in the patients who survive.

C. Post-Febrile (Post-infectious, post-influenzal, post-vaccinal)

Regulations: Reportable only.

Information:

This type of encephalitis follows or accompanies such infections as measles, influenza, chickenpox or vaccinia. The patient usually recovers after a short period of time.

18. ERYSIPelas

Regulations:

PLACARD. None.

ISOLATION. Until recovery.

QUARANTINE. None.

CONCURRENT DISINFECTION of discharges from lesions and articles soiled therewith.

TERMINAL DISINFECTION. Thorough cleaning.

Recommendations:

In hospitals (especially maternity) the isolation should be especially strict.

Information:

ETIOLOGICAL AGENT. Streptococcus haemolyticus.

SOURCE OF INFECTION. Infected persons or carriers or articles freshly soiled with discharges from a case.

MODE OF TRANSMISSION. Direct contact with a patient or articles soiled by discharges from a patient. Contact with a carrier.

INCUBATION PERIOD. Two to seven days.

PERIOD OF COMMUNICABILITY. Until recovery of patient and lesions have healed.

19. FAVUS

Regulations:

PLACARD. None.

ISOLATION. Until lesions have healed.

QUARANTINE. None.

CONCURRENT DISINFECTION of discharges from lesions and articles soiled therewith.

TERMINAL DISINFECTION. Thorough cleaning.

Recommendations:

Elimination of common towels, hair brushes and combs.

Information:

ETIOLOGICAL AGENT. Achorion schoenleinii fungus.

SOURCE OF INFECTION. Discharges from lesions.

MODE OF TRANSMISSION. Direct contact with patient; indirectly through contaminated articles.

INCUBATION PERIOD. Unknown.

PERIOD OF COMMUNICABILITY. Until lesions are healed as shown by the absence of scaling and erythema, to be confirmed by microscopic examinations and culture.

IMMUNIZATION. None.

20. FILARIASIS

Regulations: Reportable only.

Recommendations: Mosquito control.

Information:

ETIOLOGICAL AGENT. Wuchereria bancrofti in the United States.

SOURCE OF INFECTION. Embryos circulating in the blood of infected persons.

MODE OF TRANSMISSION. By various mosquitoes of which certain culex varieties and aedes variegatus are most notorious.

INCUBATION PERIOD. A few months to many years.

PERIOD OF COMMUNICABILITY. Not sooner than 9 months after exposure and indefinitely thereafter.

IMMUNIZATION. None.

21. FOOD INFECTIONS AND POISONINGS

Regulations: Report only.

Recommendations:

Specimens of food suspected should be secured and used for laboratory examination.

The vomitus and feces of patients should be collected for bacteriological and chemical examination.

Persons concerned with the preparation and serving of foods should be brought under observation for medical and bacteriological examination to determine the possible origin, whether from bowel discharges or infections of the skin.

Epidemiological inquiries should include particular study of water and milk used by the persons affected.

Information:

Outbreaks of food poisoning are produced in three general ways:

- I. **Food Infections.** By eating food containing bacteria which produce the illness after growing and multiplying following ingestion. This is produced by such bacteria as streptococci and other organisms which are generally classified as the paratyphoid group (salmonella), and the dysentery bacilli (shigella).
- II. **Food Intoxication.** By eating food containing toxins that have been produced by certain bacteria that have contaminated the food. The difference here is that the bacterium itself does not produce the illness, but the toxin that the bacteria have manufactured is responsible. This is produced by such organisms as certain varieties of the staphylococcus and the botulinus bacillus.

Another type of food intoxication is produced by eating certain shell-fish which manufacture or contain a poison or toxin.

- III. **Chemical Poisoning.** By eating food contaminated with various poisonous chemicals, such as certain roach powders, insecticides, etc.

A detailed discussion of the characteristics of each of these types follows:

I. Food Infections:

- (A) Those caused by certain organisms of the salmonella group.

(1) **Symptoms:** Headache, nausea, vomiting, abdominal cramps and diarrhea. Frequently accompanied by some fever. Not all individuals react in the same way and the severity of the illness does not always depend upon the quantity of contaminated food eaten. In some cases the illness may be mild, while in others it may be severe enough to cause the death of the patient. The onset is usually sudden; as the attack progresses, the patient may become very weak, thirsty and drowsy.

(2) **Incubation Period:** As a rule, from 12 to 24 hours elapse between the time the patient eats the contaminated food and the symptoms develop. However, symptoms sometimes appear as early as 7 hours, or as late as 30 hours, after eating such food. The time factor is a valuable clue in determining the cause of the outbreak.

(3) **Common Sources of Infection:** The bacteria that cause this disease also infect animals. Thus, if meat from an infected cow is eaten without being thoroughly cooked, it is capable of causing the infection in the person who has eaten it. It can be seen that eating raw or only partially

cooked meat products (such as sausage), particularly such products that have been manufactured at home or on the farm, may lead to an outbreak of food poisoning if the meat was actually obtained from a diseased animal.

Milk and cheese may also become contaminated with these organisms. Efficient pasteurization will destroy the bacteria and prevent the disease. However, if such contaminated milk or cheese is consumed raw, the illness may develop.

Other factors which may be responsible for the contamination of food supplies are, first, that rats and mice become infected with these organisms and excrete them in their droppings. If such infected rats or mice come into contact with food supplies, they are able to contaminate them. Second, it is also known that flies are capable of conveying these bacteria and can infect food.

(4) **Investigation:** Information must be obtained from the persons who have been made ill to determine the following:

- (a) At what places have they eaten during the preceding 12 to 36 hours;
- (b) How soon after their last meal did the onset of illness occur;
- (c) What foods were eaten during a period of from 12 to 36 hours preceding the onset of illness;
- (d) What were the symptoms of the illness;
- (e) Had the persons who became ill been together as a group;
- (f) What factors are common to the majority of the group.

The above information may point towards a common source of the illness and this course must then be investigated. This may involve obtaining samples of suspected food, milk or water for laboratory examination, examination of food handlers, general investigation of the suspected food-vending establishment, which would include such items as information in regard to how the food was prepared, source of the raw materials, what persons handled such materials, how many individuals were served each item, facilities and methods for dish-washing and refrigeration, source of milk and water supply, specific history as to how certain food items were prepared or stored, search for presence of rodents and rodent poison, and a survey of the sanitary plumbing, including toilets, wash-bowls, and drains.

(B) Those caused by the dysentery bacilli (Shigella group).

(1) **Symptoms:** Begins with abdominal pain which seems to come on suddenly and is soon followed by diarrhea and fever. The illness may be mild or very severe and the mortality rate may be as high as 30%. Within 24-48

hours after the onset the patient begins to pass blood and mucous in the stools.

- (2) **Incubation Period:** Onset of symptoms usually begins within 48 hours of ingestion of contaminated food, but may vary anywhere between 1 and 7 days.
- (3) **Common Sources of Infection:** Practically always from a human carrier, who may be actually ill or who has recently recovered. However, the organisms do not remain in the body very long after recovery and frequently are not obtained from stool cultures if there has been a delay of as short a period of time as two days after recovery; thus, it is highly important to obtain such specimens **early**. Flies are able to contaminate food if they have access to both food and infected stools, and probably this source of infection is of great importance in outbreaks occurring in poorly sanitized camps during the height of the fly season.
- (4) **Investigation:** General routine procedures must be followed as outlined under section 4 of paragraph "A" above. The specific etiologic diagnosis will depend upon recovery of the organism from stool specimens obtained from patients during the early stage of the illness. It will not always be possible to find the original source of the infection. An attempt to find this source must be directed primarily towards the examination of the food handlers involved.

II. Food Intoxication:

(A) Staphylococcus Food Poisoning:

- (1) **Symptoms:** Nausea, vomiting, retching, abdominal cramps, diarrhea, and headache. In severe cases the patient may be prostrated. Usually not fatal and recovery takes place within 1 to 3 days. The degree of severity varies.
- (2) **Incubation Period:** Onset of symptoms usually begins within 2 to 3 hours after eating the infected food, but may be delayed as much as six hours.
- (3) **Common Sources of Infection:** Cured meat products, cold meats, cream-filled bakery products, or meringue-covered pies or layer cakes, cheese, gravies, hollandaise sauce, liver sausage, are some of the foods that have been incriminated. However, these foods have been infected by human beings. Persons recovering from colds, having a sore throat or sinus trouble, are known to convey the causative organism and are able to contaminate food by droplet infection. Food handlers, bakery cooks, pastry cooks and butchers having pimples and boils are able to contaminate their fingers with the organism and, in turn, contaminate the food. The organism grows well

in the foods mentioned, particularly if they are not refrigerated.

Not all types of staphylococci are able to produce food poisoning. The special type that produces this illness has the ability to manufacture a toxin. It is this so-called "enterotoxin" that produces the illness. The detection of this toxin is a difficult laboratory procedure. However, the characteristics of the food outbreak, affecting most of the people who consumed the incriminated food and coming on after only a few hours, point to staphylococcus intoxication, provided chemical poisoning may be ruled out.

(4) **Investigation:** Again routine procedures must be carried out. It will be important to have samples of the various items of food examined by the laboratory. The persons involved in the preparation or handling of the food should be examined, particularly for evidence of staphylococcal infections.

(B) **Botulism:**

(1) **Symptoms:** Usually begins with a feeling of weakness, accompanied by dizziness or headache (later there may be visual disturbances such as drooping of lids, unsteady vision or double vision), difficulty in swallowing or talking and, in some instances, difficulty in breathing. General muscular weakness occurs quite early and the patient may not even be able to raise his arms. The patient remains mentally clear until a short time before death, if this occurs. If the patient survives for the first ten days of illness, he is apt to recover. In some cases, complete recovery is a matter of months. The death rate varies between 50% and 85% on an average.

(2) **Incubation Period:** The onset of symptoms occurs usually between 18 and 36 hours after eating the contaminated food. However, they may begin as early as 2 hours or as late as 8 days after this time.

(3) **Common Sources of Infection:** Home-canned foods have been responsible for most cases. String beans, corn, spinach, beets, asparagus, olives, peas, figs, apricots, tomatoes, mushrooms, okra and pears have caused outbreaks. About 25% of the outbreaks have been due to home-canned meat products.

(4) **Investigation:** It is necessary to obtain specimens of the suspected food. Unconsumed portions of the food are preferable. The empty container sometimes may be of use, or other cans from the same lot. A check should be made to learn if any of the suspected food has been fed to chickens or other domestic animals. If so, these may be observed for the effects of poisoning.

(C) Chemical Poisoning

- (1) **Symptoms:** Almost invariably the illness begins with nausea and vomiting, usually followed by abdominal cramps and diarrhea.
- (2) **Incubation Period:** The onset of symptoms is very sudden and very shortly after the poisoned food has been consumed—in some cases within 2 minutes and, as a rule, not longer than 30 minutes.
- (3) **Common Sources of Poisoning:**
 - Antimony**—Foods cooked in cheap, gray-enamelled utensils
 - Arsenic**—Roach powders or fly-poison bait
 - Cadmium**—Usually acid drinks prepared in cadmium-plated utensils (lemonade, etc.)
 - Fluoride**—Roach or ant powder
 - Lead**—Paint, plumbing
- (4) **Investigation:** If a considerable number of individuals have been affected, a general routine investigation should be made with particular effort directed towards search for the source of the poison.

22. GERMAN MEASLES

Regulations:

PLACARD. None.

ISOLATION. For 48 hours after disappearance of rash and catarrh.

QUARANTINE. None.

CONCURRENT DISINFECTION of discharges from nose and throat and articles soiled therewith.

TERMINAL DISINFECTION. Thorough cleansing.

Recommendations:

Careful differential diagnosis should be made between this disease and scarlet fever.

Information:

ETIOLOGICAL AGENT. Unknown. Presumably a filterable virus.

SOURCE OF INFECTION. Secretions of mouth and nose.

MODE OF TRANSMISSION. By direct contact with the patient or with articles freshly soiled with the discharges from the nose or throat of the patient.

INCUBATION PERIOD. Fourteen to twenty-one days.

PERIOD OF COMMUNICABILITY. From the onset of catarrhal symptoms for at least four days, but not more than seven.

23. GLANDERS

Regulations:

PLACARD. None.

ISOLATION. Until lesions have healed.

QUARANTINE. None.

CONCURRENT DISINFECTION of discharges from lesions and articles soiled therewith.

TERMINAL DISINFECTION. Thorough cleaning.

Recommendations:

Confirm diagnosis by laboratory tests.

Skin contact with the lesions in the living or dead body should be scrupulously avoided.

Information:

ETIOLOGICAL AGENT. *Pfeifferella mallei*.

SOURCE OF INFECTION. Discharges from open lesions of mucous membranes, or of the skin of human or equine cases (i. e., pus and mucous from the nose, throat, and bowel discharges from infected man or horse).

MODE OF TRANSMISSION. Contact with a case or with articles freshly soiled by discharges from a human or equine case.

INCUBATION PERIOD. Usually one to five days.

PERIOD OF COMMUNICABILITY. Until causative bacilli disappear from discharges or until lesions have healed.

24. GONORRHEA

Regulations:

PLACARD. None, provided that the patient is receiving adequate medical treatment and is not exposing others to the infection.

ISOLATION. None, provided that the patient is receiving adequate medical treatment and is not exposing others to the infection.

QUARANTINE. None, provided that the patient is receiving adequate medical treatment and is not exposing others to the infection.

CONCURRENT DISINFECTION of discharges from the lesions and articles soiled therewith.

TERMINAL DISINFECTION. None.

See PROPHYLAXIS Conjunctivitis, Acute Infectious. Regulation 9.

Recommendations:

See Special V. D. Regulations, Sections 19 and 20.

Information:

ETIOLOGICAL AGENT. Gonococcus.

SOURCE OF INFECTION. Discharges from mucous membranes and glands of infected persons.

MODE OF TRANSMISSION. By direct contact with infected persons (usually sexual), and indirectly by contact with articles freshly soiled with discharges of such person.

INCUBATION PERIOD. One to eight days.

PERIOD OF COMMUNICABILITY. As long as the gonococcus persists in any of the discharges.

IMMUNIZATION. None.

25. GRANULOMA INGUINALE

Regulations:

PLACARD. None, provided that the patient is receiving adequate medical treatment and is not exposing others to the infection.

ISOLATION. Exclusion of infected person from sexual contacts and from serving of food during period of communicability.

QUARANTINE. None, provided that the patient is receiving adequate medical treatment and is not exposing others to the infection.

DISINFECTION. Disinfection of discharges or articles soiled therewith.

See Special V. D. Regulations, Sections 19 and 20.

Recommendations:

Education in matters of sex hygiene and the nature of the communicability of the disease.

Information:

ETIOLOGICAL AGENT. Possibly so-called "Donovan bodies," probably protozoans, strictly tissue parasites of man.

SOURCE OF INFECTION. Discharges from the lesions.

MODE OF TRANSMISSION. Direct contact by skin and mucous membranes, most probably by sexual relations with infected persons, or articles soiled with discharge of lesions of such persons. The disease is commonly one of the negro.

INCUBATION PERIOD. Probably from one to twelve weeks. Localized area of induration is usually developed with softening noted in 35 to 46 days, followed by a gradual breakdown and ulceration.

PERIOD OF COMMUNICABILITY. As long as there are open lesions on the skin or mucous membranes.

IMMUNIZATION. None.

26. IMPETIGO CONTAGIOSA

Regulations:

PLACARD. None.

ISOLATION. Until lesions are healed.

QUARANTINE. None.

CONCURRENT DISINFECTION of discharges from lesions and articles soiled therewith.

TERMINAL DISINFECTION. None.

Recommendations:

Avoid use of common toilet articles among children.
Prompt treatment to prevent extension to new sites.

Information:

ETIOLOGICAL AGENT. A variety of staphylococci or streptococci.
SOURCE OF INFECTION. Lesions of the skin of an infected person.
MODE OF TRANSMISSION. By direct contact with infected persons
and indirectly with articles recently soiled by discharges from skin
lesions of infected persons.
INCUBATION PERIOD. Two to five days.
PERIOD OF COMMUNICABILITY. Until lesions are healed.
IMMUNIZATION. None.

27. INFLUENZA**Regulations:**

PLACARD. None.
ISOLATION. During the acute stage of the disease.
QUARANTINE. None.
CONCURRENT DISINFECTION of discharges from the nose and
throat of the infected person.
TERMINAL DISINFECTION. None.

Recommendations:

During epidemics, efforts should be made to reduce opportunities for direct contact infection, as in crowded halls, stores, and streetcars. Kissing, the use of common towels, glasses, eating utensils or toilet articles should be avoided. In isolated towns and institutions infection has been delayed and sometimes avoided by strict exclusion of visitors from already infected communities. The closing of the public, parochial and private schools has not been effective in checking the spread of infection. The judicious use of masks by nurses and other attendants may prove of value in preventing infection in hospitals. Scrupulous cleanliness of dishes and utensils used in preparing and serving food in public eating places should be required, including the subjection of such articles to disinfection in hot soapsuds. In groups which can be brought under daily professional inspection, the isolation of early and suspicious cases of respiratory tract inflammation, particularly when accompanied by a rise in temperature, may delay the spread of the disease. To minimize the severity of the disease and to protect the patient from secondary infections and thus reduce mortality, patients should go to bed at the beginning of an attack and not return to work without the approval of their physician. Crowding of beds in hospitals and institutions to accommodate increased numbers of patients and other inmates is to be especially avoided. Increased spacing between beds in wards and dormitories should be carried out to reduce the risk of attack, and of the occurrence of pneumonia.

Information:

ETIOLOGICAL AGENT. A filterable virus.

SOURCE OF INFECTION. Probably discharges from the mouth and nose of infected persons and articles freshly soiled by such discharges.

MODE OF TRANSMISSION. Probably by direct contact, by droplet infection, or by articles freshly soiled with discharges from nose and throat of infected persons.

INCUBATION PERIOD. Two to three days.

PERIOD OF COMMUNICABILITY. Undetermined.

IMMUNIZATION. None.

28. ICTEROHEMORRHAGIC JAUNDICE

Regulations:

Report only.

Disinfection of urine.

Recommendations:

Rat extermination.

Rat-proofing of buildings.

Information:

ETIOLOGICAL AGENT. Spirochaeta icterohemorrhagiae.

SOURCE OF INFECTION. The urine of rats, and articles, particularly food-stuffs, contaminated by rats.

MODE OF TRANSMISSION. By ingestion of foods contaminated by rat urine or other rat discharges, and by contact with moist soil polluted by rat discharges where temperatures are moderate.

INCUBATION PERIOD. Undetermined.

PERIOD OF COMMUNICABILITY. As long as the urine of an infected person contains the infecting micro-organism which may continue for many weeks or several months. The wild rat to the extent of 10 to 40 per cent harbors the organism in the kidney and is a persistent carrier.

29. LEPROSY

Regulations:

PLACARD. "WARNING" placard.

ISOLATION. Until six months after lesions have healed.

QUARANTINE. None.

CONCURRENT DISINFECTION. Of discharges and articles soiled therewith.

TERMINAL DISINFECTION. Thorough cleaning.

Recommendations:

Where at all practicable, lepers should be isolated in the National Leprosarium.

Information:

ETIOLOGICAL AGENT. Leprosy bacillus.

SOURCE OF INFECTION. Discharges from lesions.

MODE OF TRANSMISSION. Intimate and prolonged contact with infected individuals.

INCUBATION PERIOD. From one to several years.

PERIOD OF COMMUNICABILITY. Until lesions are healed.

IMMUNIZATION. None.

30. LYMPHOGRANULOMA VENEREUM

Regulations:

PLACARD. None, provided that the patient is receiving adequate medical treatment and is not exposing others to the infection.

ISOLATION. Exclusion of infected persons from sexual contacts and from preparation and serving of food during period of communicability.

QUARANTINE. None, provided that the patient is receiving adequate medical treatment and is not exposing others to the infection.

CONCURRENT DISINFECTION of discharges and articles soiled therewith.

TERMINAL DISINFECTION. None.

Recommendations:

Education in matters of sex hygiene and the danger of transmitting the disease.

Confirm diagnosis by Frei test.

Information:

ETIOLOGICAL AGENT. A specific filterable virus.

SOURCE OF INFECTION. Discharges from lesions.

MODE OF TRANSMISSION. Direct contact almost exclusively in sexual relations with infected persons, or indirectly by articles soiled with discharges from the lesions of such persons.

INCUBATION PERIOD. One to four weeks. Glandular enlargement follows the initial lesion in one to two weeks.

PERIOD OF COMMUNICABILITY. As long as there are open lesions of the skin or mucous membranes.

IMMUNIZATION. None.

31. MALARIA

Regulations:

PLACARD. None.

ISOLATION. None except protection of patient from mosquitoes by screening bedroom or house until blood is rendered free from malaria parasites through treatment.

QUARANTINE. None.

CONCURRENT DISINFECTION. None. Destruction of all mosquitoes in the sickroom.

TERMINAL DISINFECTION. Destruction of all mosquitoes in the sickroom.

Recommendations:

Mosquito abatement.

Information:

ETIOLOGICAL AGENT. Plasmodium vivax (tertian); Plasmodium malariae (quartan); Plasmodium falciparum (aestivo-autumnal).

SOURCE OF INFECTION. Blood of an infected person.

MODE OF TRANSMISSION. By bite of infected anopheles mosquito.

INCUBATION PERIOD. Varies with type of plasmodium.

PERIOD OF COMMUNICABILITY. As long as the sexual form of the malaria micro-organism exists in the patient's blood in sufficient quantities to infect mosquitoes.

IMMUNIZATION. None.

32. MEASLES

Regulations:

PLACARD. "WARNING" placard at discretion of health officer.

ISOLATION. Minimum of 5 days after appearance of rash and until all abnormal mucous discharges and rash have disappeared.

QUARANTINE. None.

CONCURRENT DISINFECTION of all articles soiled with secretions of nose and throat.

TERMINAL DISINFECTION. Thorough cleaning.

Recommendations:

Daily examination of exposed children or other possibly exposed persons. Schools should not be closed or classes discontinued where daily observation of children by nurse or physician is provided for.

Information:

ETIOLOGICAL AGENT. A specific filterable virus.

SOURCE OF INFECTION. Mouth and nose secretions.

MODE OF TRANSMISSION. Direct contact with infected person, and indirectly through articles freshly soiled with nose and mouth discharges of infected person.

INCUBATION PERIOD. Eight to fourteen days.

PERIOD OF COMMUNICABILITY. Minimum nine days and until the cessation of abnormal mucous secretion.

IMMUNIZATION. By convalescent measles serum.

33. MENINGOCOCCUS MENINGITIS

Regulations:

PLACARD. "WARNING" placard.

ISOLATION. For two weeks after onset.

QUARANTINE. Wage-earner contact may continue to work provided it does not bring him into close association with other persons and provided he is receiving prophylactic treatment. Children in the household must be confined to the premises for seven days from last exposure to the patient, or they may be removed from the household to be kept under observation and may return to school after three days of prophylactic treatment (sulfonamide therapy). Patients may be released from isolation earlier than two weeks by negative cultures of the nasopharynx if sulfonamide therapy is continued for the remainder of the two-week isolation period.

DISINFECTION. Of all articles soiled with secretions of nose and throat.

Recommendations:

Associates and contacts should be treated prophylactically with sulfonamide drugs.

Measures may be taken to prevent overcrowding in living quarters, working places and places of public assembly during epidemics at the discretion of the jurisdictional health officer.

Information:

ETIOLOGICAL AGENT. Meningococcus.

SOURCE OF INFECTION. Discharge from the nose and throat of infected person and carriers.

MODE OF TRANSMISSION. By direct contact with infected person and carriers and indirectly by contact with articles freshly soiled with the nose and throat discharges of such persons.

INCUBATION PERIOD. Two to ten days.

PERIOD OF COMMUNICABILITY. Until meningococcus is no longer present in the nose and throat.

IMMUNIZATION. None.

34. MUMPS

Regulations:

PLACARD. "WARNING" placard at discretion of health officer.

ISOLATION. Until swelling of salivary or other glands has subsided.

QUARANTINE. Children in the family who have not had the disease may be allowed to attend school at the discretion of the health officer and subject to daily inspection.

CONCURRENT DISINFECTION of all articles soiled with secretions of nose or throat. (Refer to Section 13.)

TERMINAL DISINFECTION. None.

Recommendations:

Exposed susceptible persons should be regularly inspected for the onset of the disease.

Advise one week extra rest after isolation period for patients beyond adolescence.

Information:

ETIOLOGICAL AGENT. A specific filterable virus.

SOURCE OF INFECTION. Discharge from nose and mouth of infected person.

MODE OF TRANSMISSION. By direct contact with an infected person or with articles freshly soiled with the discharges from nose and mouth of such infected person.

INCUBATION PERIOD. Twelve to twenty-six days.

PERIOD OF COMMUNICABILITY. Unknown.

IMMUNIZATION. None.

35. PARATYPHOID FEVER A and B

Regulations: Same as for Typhoid Fever Group.

36. PLAGUE (Bubonic, Pneumonic and Septicemic)**Regulations:**

PLACARD. "QUARANTINE" placard.

ISOLATION. In a screened room which is free from vermin until convalescence is well established.

QUARANTINE. Contacts of pneumonic cases, seven days.

CONCURRENT DISINFECTION of all discharges and articles soiled therewith.

TERMINAL DISINFECTION. Thorough cleaning followed by fumigation to destroy rats and fleas.

Recommendations:

Extermination of rats and other rodents.

Supervision of autopsies of all deaths during epidemics.

Supervision of dead during epidemics.

Information:

ETIOLOGICAL AGENT. Plague bacillus.

SOURCE OF INFECTION. Infected rodents and fleas and, in pneumonic type, intensely communicable, by the sputum of infected persons.

MODE OF TRANSMISSION. Direct, in pneumonic type and by bites of infected fleas in bubonic type.

INCUBATION PERIOD. Three to seven days.

PERIOD OF COMMUNICABILITY. Pneumonic type during acute symptoms. Bubonic type not communicable from person to person.

IMMUNIZATION. Ordinarily not practicable.

37. PNEUMONIA

A. Acute Lobar

Regulations:

PLACARD. None.

ISOLATION. Of patient during clinical course of the disease.

QUARANTINE. None.

CONCURRENT DISINFECTION of discharges from the nose and mouth of the patient.

TERMINAL DISINFECTION. Thorough cleaning.

Recommendations:

Specific infecting organisms should be determined by serological and bacteriological tests early in the course of the disease, as this will give a basis for specific serum therapy.

All attendants should be masked when caring for patients.

Information:

ETIOLOGICAL AGENT. Various pathogenic bacteria commonly found in the nose, throat and mouth, as the pneumococcus, the bacillus of Friedlander, the hemolytic streptococcus, the influenza bacillus, etc.

SOURCE OF INFECTION. Probably discharges from the mouth and nose of an infected person or carrier and articles freshly soiled with such discharges.

MODE OF TRANSMISSION. By direct contact with an infected person or carrier or articles freshly soiled with the discharges of the nose and throat of such persons, and possibly from infected dust of rooms occupied by infected persons.

INCUBATION PERIOD. One to three days.

PERIOD OF COMMUNICABILITY. Unknown.

B. Acute Broncho-Pneumonia

Regulations:

PLACARD. None.

ISOLATION of patient during clinical course of the disease.

QUARANTINE. None.

CONCURRENT DISINFECTION. Of discharges from the nose and mouth of the patient.

TERMINAL DISINFECTION. Thorough cleaning.

Recommendations:

Specific infecting organisms should be determined by serological and bacteriological tests early in the course of the disease, as this will give a basis for specific serum therapy.

Information:

ETIOLOGICAL AGENT. Various pathogenic bacteria commonly found in the nose, throat and mouth, as the pneumococcus, the bacillus of Friedlander, the hemolytic streptococcus, the influenza bacillus, etc.

SOURCE OF INFECTION. Probably discharges from the mouth and nose of an infected person or carrier and articles freshly soiled from such discharges.

MODE OF TRANSMISSION. By direct contact with an infected person or carrier or articles freshly soiled with the discharges of the nose and throat of such persons, and possibly from infected dust of rooms occupied by infected persons.

INCUBATION PERIOD. One to three days.

PERIOD OF COMMUNICABILITY. Unknown.

C. Virus Pneumonia (Virus Pneumonitis)**Regulations:**

PLACARD. None.

of patient during clinical course of the disease.

QUARANTINE. None.

CONCURRENT DISINFECTION of discharges from the nose and mouth of the patient.

TERMINAL DISINFECTION. Thorough cleaning.

Recommendations:

All attendants should be masked while caring for patient.

Information:

ETIOLOGICAL AGENT. Believed to be a filterable virus.

SOURCE OF INFECTION. Probably same as for lobar pneumonia.

MODE OF TRANSMISSION. Probably same as for lobar pneumonia.

INCUBATION PERIOD. Not known.

PERIOD OF COMMUNICABILITY. Not known.

38. POLIOMYELITIS (Infantile Paralysis)**Regulations:**

PLACARD. "WARNING" placard.

ISOLATION. For two weeks from date of onset in a room kept free of flies and other insects. Refer to Section 13, "Enteric Diseases."

QUARANTINE. Of children in household, and adults whose vocation brings them in contact with children or close association with other persons, or who are food handlers, for two weeks from last exposure to a recognized case.

CONCURRENT DISINFECTION of nose and throat discharges and articles soiled therewith and of bowel discharges, with a strong oxidizing solution, for at least six hours before final disposal.

TERMINAL DISINFECTION. Cleaning.

Recommendations:

Examination of spinal fluid.

Early physical therapy.

During epidemics the following measures are recommended:

- (1) Isolate all children ill with a fever pending definite diagnosis.
- (2) Encourage parents to restrict children to their own neighborhood and usual playmate contacts.
- (3) Advise people to avoid public gatherings and against unnecessary travel.
- (4) Caution against nose and throat surgery during such periods.
- (5) Since the concentration of chlorine must reach a very high level before it is effective against the virus, it is not feasible to purify swimming pools and wading pools by chlorination. Therefore it is inadvisable to allow the use of such pools during epidemic periods.

Information:

ETIOLOGICAL AGENT. A specific filterable virus.

SOURCE OF INFECTION. Not known definitely. Possibly nose, throat and bowel discharges of infected persons (cases or carriers), or contaminated food or drink (fecal contamination). The possibility of an insect or other vector exists.

MODE OF TRANSMISSION. Probably by direct contact with an infected person (presumably by droplet infection) or by fecal contamination of food or drink.

INCUBATION PERIOD. Seven to fourteen days.

PERIOD OF COMMUNICABILITY. Unknown. Apparently chiefly during the latter part of the incubation period and the first two weeks after clinical onset. The virus is recoverable from the feces for months after recovery from the disease.

39. PSITTACOSIS

Regulations:

PLACARD. "WARNING" placard.

ISOLATION. During febrile and acute clinical stage of the disease.

QUARANTINE. Buildings which house birds shall be quarantined until thoroughly disinfected.

CONCURRENT DISINFECTION. Of all discharges from infected persons.

TERMINAL DISINFECTION. Thorough cleaning.

Recommendations:

Education of community in the danger of making house pets of birds of the parrot family.

Information:

ETIOLOGICAL AGENT. Specific filterable virus.

SOURCE OF INFECTION. Infected parrots, parakeets, love-birds or canaries.

MODE OF TRANSMISSION. Direct contact with infected birds or their recent surroundings. Occasionally a human case.

INCUBATION PERIOD. Six to fifteen days.

IMMUNIZATION. None.

40. PUERPERAL INFECTION

Regulations:

PLACARD. None.

ISOLATION. Of patients during clinical course of disease.

QUARANTINE. None.

CONCURRENT DISINFECTION of discharges, especially in hospitals and maternity homes.

TERMINAL DISINFECTION. Thorough cleaning, especially in hospitals and maternity homes.

Recommendations:

Better education of physicians, nurses and midwives in the science and art of midwifery.

Information:

ETIOLOGICAL AGENT. Usually a hemolytic streptococcus.

INCUBATION PERIOD. One to three days.

PERIOD OF COMMUNICABILITY. Until complete recovery.

IMMUNIZATION. None.

41. RABIES

Regulations:

PLACARD. None.

ISOLATION. None if patient is under adequate medical supervision.

QUARANTINE. None.

CONCURRENT DISINFECTION of saliva of patient and articles soiled therewith. Refer to Section 13.

TERMINAL DISINFECTION. Thorough cleaning.

Recommendations:

Immediate antirabic treatment of all persons bitten by dogs or by other animals suspected or known to have rabies, regardless of local treatment. The wound from a rabid animal should be treated at once to the depths with tincture of green soap.

Search for rabid animal, and for animals bitten by it.

ANIMALS SUSPECTED OF HAVING RABIES SHOULD BE ISOLATED FOR OBSERVATION A MINIMUM OF TEN DAYS. AFTER THIS PERIOD, SHOULD IT BECOME NECESSARY TO KILL THE ANIMAL, IT SHOULD NOT BE SHOT THROUGH THE HEAD. SHOOT THROUGH THE HEART. THE DEAD ANIMAL'S HEAD SHOULD BE PACKED IN ICE AND SENT TO THE STATE DEPARTMENT OF HEALTH LABORATORY,

SEATTLE, FOR DIAGNOSIS. THE LOCAL LAW ENFORCEMENT AGENTS SHOULD BE MADE ACQUAINTED WITH THIS RECOMMENDATION.

Information:

ETIOLOGICAL AGENT. A specific filterable virus.

SOURCE OF INFECTION. Saliva of infected animals, chiefly dogs.

MODE OF TRANSMISSION. Inoculation with saliva of infected animals through abrasion of skin or mucous membrane, almost always by bites or scratches.

INCUBATION PERIOD. Usually two to six weeks. May be prolonged to six months or more.

PERIOD OF COMMUNICABILITY. For fifteen days in the dog BEFORE the onset of clinical symptoms and throughout the clinical course of the disease.

IMMUNIZATION. Preventive inoculation.

42. RAT-BITE FEVER

Regulations:

Reportable only.

Recommendations:

Rat eradication.

Information:

ETIOLOGICAL AGENT. Spirochaeta morsus muris.

SOURCE OF INFECTION. Bite of wild rat, cat, dog, weasel, ferret or bandicoot.

MODE OF TRANSMISSION. During the bite, some of the animal's blood escapes from the injured or diseased buccal mucosa into the wound, or the conjunctival secretion of the animal may contaminate the wound.

INCUBATION PERIOD. Four to twenty-five days.

PERIOD OF COMMUNICABILITY. Not transmitted from man to man.

IMMUNIZATION. None.

43. RELAPSING FEVER

Regulations:

Reportable only.

Recommendations:

Tick and louse eradication.

Information:

ETIOLOGICAL AGENT. Spirochaeta recurrentis.

SOURCE OF INFECTION. Ticks and lice.

MODE OF TRANSMISSION. By tick or louse bite.

INCUBATION PERIOD. Average seven days.

COMMUNICABILITY. From man to man is not apparent.

IMMUNIZATION. None.

44. RHEUMATIC FEVER

Regulations: Reportable only.

45. RING WORM (Dermatophytosis—Athlete's Foot)

Regulations:

PLACARD. None.

ISOLATION. Exclusion from gymnasiums and swimming pools. Exclusion from school in cases of ring worm of scalp.

QUARANTINE. None.

CONCURRENT DISINFECTION. Cleanliness of body and disinfection of underclothing, and especially socks and towels and bedding.

TERMINAL DISINFECTION. None.

Recommendations:

Protection of feet against contamination in showers and dressing rooms and areas used by people with bare feet. The use of disinfecting solutions may prove useful in connection with common bathing and dressing rooms.

Information:

ETOIOLOGICAL AGENT. *Trichophyton*.

SOURCE OF INFECTION. Lesions on bodies of infected persons or articles carrying the fungus or its spores.

MODE OF TRANSMISSION. Direct skin-to-skin contact with lesions of infected persons, and indirectly by articles of wearing apparel, towels, and bedding, or by surfaces contaminated by scurf or scalings of hair from lesions.

INCUBATION PERIOD. Undetermined.

PERIOD OF COMMUNICABILITY. As long as the fungus or its spores can be found at the site of the lesions. Transmission is easy in ordinary conduct of home or recreational pursuits, particularly those carried on indoors.

IMMUNIZATION. None.

46. ROCKY MOUNTAIN SPOTTED FEVER

Regulations:

PLACARD. None.

ISOLATION. None.

QUARANTINE. None.

CONCURRENT DISINFECTION. All ticks on patient should be destroyed.

TERMINAL DISINFECTION. None.

Recommendations:

Wearing of tick-proof clothing.

Destruction of ticks.

Destruction of small mammalian hosts of ticks, such as ground squirrels, chipmunks and meadow mice in endemic areas.

Immunization of persons who live, work, hunt or fish in endemic areas.

Information:

ETIOLOGICAL AGENT. Rickettsia rickettsi.

SOURCE OF INFECTION. Ticks.

MODE OF TRANSMISSION. Bite of infected tick or mashing infected tick on skin.

INCUBATION PERIOD. Three to ten days.

PERIOD OF COMMUNICABILITY. Not communicable from man.

ACTIVE IMMUNITY. By Spencer-Parker vaccine. Available from the Rocky Mountain Laboratory, Hamilton, Montana.

NOTE: TICK PARALYSIS. In connection with the bite of ticks of the Genus Ixodes and the Genus Dermacentor, a flaccid paralysis of the legs has been described. Children usually are affected, and curiously enough, if the tick is found and removed promptly, the child gets well within twenty-four hours; but if not, the paralysis may spread to the arms, stupor may come on, and the child may die of wide-spread paralysis. In adults sometimes there are pains, and erythematous rash and vertigo. This paralysis appears to be a toxic effect of the parasite and not an infection.

47. SCARLET FEVER

Regulations:

PLACARD. "WARNING" or "QUARANTINE" placard may be used at the discretion of the jurisdictional health officer.

ISOLATION. Cases are to be isolated until the end of the period of communicability. Uncomplicated cases may be released at the discretion of the jurisdictional health officer after disappearance of all symptoms.

QUARANTINE. Teacher or child contacts are to be excluded from school, and food handlers are to be excluded from their work unless they are removed from the home of the case, or the case is removed from the home. If separated from the case, the contacts need not be excluded, provided there is a daily check for the development of signs or symptoms of scarlet fever made throughout the maximum incubation period (seven days) following last exposure, and provided that it is possible to make this daily check in a manner satisfactory to the jurisdictional health officer. If this can not be complied with, the contacts are to be isolated in some place other than the household of the case for seven days from their last contact with said case.

CONCURRENT DISINFECTION. Of all articles which have been in contact with the patient or soiled with his discharges. (Refer to Section 13.)

TERMINAL DISINFECTION. Thorough cleaning. Food handling restricted as specified in Section 14.

Recommendations:

DAILY EXAMINATION of exposed children and other possibly exposed persons for a week after last exposure. Encourage removal of young and susceptible contacts in the family to homes of adult friends for duration of communicable stage of the patient.

SCHOOLS should not be closed where daily observation of the children by a physician or nurse can be provided.

PASTEURIZATION of milk supply.

LONG PERIOD OF CONVALESCENCE is recommended to avoid complications.

Information:

ETIOLOGICAL AGENT. A hemolytic streptococcus.

SOURCE OF INFECTION. Discharges from the nose, throat, ears, abscesses or wound surfaces of sick or convalescent patients, and articles freshly soiled therewith. Carriers.

MODE OF TRANSMISSION. Directly by contact with an infected person; indirectly by articles freshly soiled with discharges of an infected person, or through contaminated milk or milk products, not by desquamation.

INCUBATION PERIOD. Two to seven days. Usually three to four.

PERIOD OF COMMUNICABILITY. Until all abnormal discharges have ceased and all open sores or wounds have healed.

IMMUNIZATION. Exposed susceptibles as determined by Dick test may be promptly passively immunized with scarlet fever anti-toxin, or actively immunized with scarlet fever toxin.

Note: Scarlet fever and scarlatina are two names for the same disease.

48. SCHISTOSOMIASIS (Swimmer's Itch)

Regulations:

Reportable only.

CONCURRENT DISINFECTION. Sanitary disposal of feces.

TERMINAL DISINFECTION. Chemical and other treatment of infested waters to destroy snails.

Recommendations:

Regulation of sewage disposal.

Cleansing of banks of infested water supplies to remove snail shelters.

Filtration of drinking water from infected sources.

Information:

ETIOLOGICAL AGENT. Animal parasites of the class Trematoda, genus Schistosoma.

SOURCE OF INFESTATION. Waters containing the intermediary molluscan host, contaminated by human excrement containing the ova of the parasite.

MODE OF TRANSMISSION. Ova hatch in water and enter mollusc. In the mollusc they multiply and develop into larval forms called "cercariae" which, on leaving the mollusc penetrate the skin of man and certain animals drinking and coming in contact with water containing cercariae.

INCUBATION PERIOD. Three to five weeks. May be within a few days following massive larval infestation.

49. SEPTIC SORE THROAT**Regulations:**

Same as for Scarlet Fever. See Paragraph 47, Section 22.

Recommendations:

Investigation of source of infection. Search for cases and carriers among milkers and other handlers of unpasteurized milk, and for mastitis in milk cows.

Pasteurization of all milk.

Exclusion of suspected milk supply from public sale or use until pasteurized.

Information:

ETIOLOGICAL AGENT. Streptococcus (hemolytic type). The bovine type of streptococcus is not a cause of septic sore throat in human beings.

SOURCE OF INFECTION. The human naso-pharynx, usually the tonsils, any case of acute streptococcus inflammation of these structures being a potential source of infection, including the period of convalescence of such cases. The udder of the cow infected by a milker is a common source of infection. In such udders, the physical signs of mastitis may be absent.

MODE OF TRANSMISSION. Direct or indirect human contact, consumption of raw milk contaminated by case or carrier or from an infected udder.

INCUBATION PERIOD. One to three days.

PERIOD OF COMMUNICABILITY. In man, during continuance of clinical symptoms; in the cow, during the continuance of discharge of the streptococci in the milk. A carrier stage may follow convalescence.

IMMUNIZATION. None.

50. SILICOSIS

Regulations: Reportable only.

51. SMALLPOX

Regulations:

PLACARD. "QUARANTINE" placard.

ISOLATION. During period of communicability, preferably in hospital.

QUARANTINE of all exposed persons for twenty-one days after last exposure, provided contacts may be released to take up residence elsewhere (a) when showing immunity reaction after being vaccinated; and (b) if vaccinated within twenty-four hours after **FIRST** exposure, when vaccinia reaches height.

CONCURRENT DISINFECTION. Thorough cleaning and disinfection of premises.

Recommendations:

Careful differentiation from chicken pox. Tests for immunity may prove useful.

General vaccination in early infancy and re-vaccination of children on entering school.

Provision for free vaccination in time of epidemic.

Information:

ETIOLOGICAL AGENT. A specific filterable virus.

SOURCE OF INFECTION. Lesions of mucous membrane, and skin of infected persons.

MODE OF TRANSMISSION. By direct personal contact; by articles soiled with discharges from lesions. The virus may be present in all body discharges including feces and urine. It may be carried by flies.

INCUBATION PERIOD. Eight to sixteen days occasionally twenty-one days.

PERIOD OF COMMUNICABILITY. From first symptoms to disappearance of all scabs and crusts.

IMMUNIZATION. Vaccination.

52. SYPHILIS

Regulations:

PLACARD. None, provided that the patient is receiving adequate medical treatment and is not exposing others to the infection.

ISOLATION. Cases shall be isolated as long as there are open sores upon the body, provided, release from isolation may be permitted by the jurisdictional health officer.

QUARANTINE. None, provided that the patient is receiving adequate medical treatment and is not exposing others to the infection.

CONCURRENT DISINFECTION of discharges and of articles soiled therewith.

TERMINAL DISINFECTION. None.

See Special Regulations, Sections 19 and 20.

Recommendations:

Clinical symptoms should be confirmed by laboratory tests in every case.

Information:

ETIOLOGICAL AGENT. *Treponema pallidum*.

SOURCE OF INFECTION. Discharges from the lesions of the skin and mucous membranes, the blood of infected persons, and articles freshly soiled with such discharges or blood.

MODE OF TRANSMISSION. By direct personal contact with infected persons and indirectly by contact with discharges from lesions or with the blood of such persons, by sexual intercourse chiefly, and by kissing; congenitally from syphilitic mother through the placenta.

INCUBATION PERIOD. About three weeks, minimum ten days; occasionally six weeks or longer.

PERIOD OF COMMUNICABILITY. As long as lesions are open upon the skin or mucous membranes, and until the body is free from the infecting organism.

53. TETANUS

Regulations: Reportable only.

Recommendations:

Prophylactic use of tetanus anti-toxin where wounds have been acquired in regions where the soil is known to be heavily contaminated, and in all cases where wounds are ragged and penetrating. Tetanus toxoid may be used for active immunization.

Information:

ETIOLOGICAL AGENT. *Tetanus bacillus*.

SOURCE OF INFECTION. Animal manure, human feces, soil, and street dust.

MODE OF TRANSMISSION. Wound infection.

INCUBATION PERIOD. Commonly four days to three weeks, dependent somewhat upon the character, extent and location of the wound. Longer periods of incubation have been noted. Subsequent operative interference or local tissue changes may initiate the activity of quiescent bacilli at even lengthy intervals after the original wound infection.

PERIOD OF COMMUNICABILITY. Patient not infectious except in rare instances where wound discharges are infectious.

IMMUNIZATION. Ordinarily a subcutaneous injection of tetanus anti-toxin (1,500 units) given on the day of the wound. A second injection within ten days may be desirable in certain instances. Artificial passive immunity for about ten days from use of tetanus anti-toxin.

Active immunity by tetanus toxoid.

54. THRUSH (Mycotic or Parasitic Stomatitis)**Regulations:**

PLACARD. None.

ISOLATION. Strict isolation of all infants until lesions in the mouth are healed.

QUARANTINE. None.

DISINFECTION. See Upper Respiratory section on isolation procedure—Section 13.

Recommendations:

Thrush is more readily prevented than removed. The child's mouth should be scrupulously clean, and, if artificially fed, the bottle should be thoroughly sterilized. Lime water, or two per cent solution of sodium bicarbonate, may be employed for a rinsing of the bottles.

Gastro-intestinal upsets of infants should be given care, as this is one of the more important predisposing causes.

Careful sterilization of all articles coming in contact with the child's mouth must be carried out.

Information:

ETIOLOGICAL AGENT. Oidium (monilium) albicans, a member of the yeast fungi group. Microscopic examination shows the presence of a characteristic fungus in the whitish membrane on the tongue and in the mouth.

SOURCE OF INFECTION. Discharges from mouth of infected infant.

MODE OF TRANSMISSION. Contact with infected infant or articles freshly soiled with their mouth discharges. Most commonly transmitted by dirty feeding bottles, food, etc.

INCUBATION. Unknown.

PERIOD OF COMMUNICABILITY. Until all lesions on the tongue and in the mouth have healed.

55. TRACHOMA**Regulations:**

PLACARD. None.

ISOLATION. Exclusion of all cases from school and restriction to their home premises until a minimum course of accepted treatment has been administered, followed by a re-examination by the jurisdictional health officer. The patient may be released from isolation when such re-examination does not reveal the presence of a purulent discharge from the conjunctiva or adnexed mucous membranes or other evidence indicating infectivity.

QUARANTINE. None.

CONCURRENT DISINFECTION. Of discharges and articles soiled therewith.

TERMINAL DISINFECTION. None.

Recommendations:

(A) Since the results of treatment do not become apparent until a considerable period of time has elapsed after its administration it is impossible for the health officer to determine whether the case is still infectious immediately after completion of such treatment. To assist the health officer in controlling these cases, the following recommendations are made:

1. The minimum course of treatment should be carried out as recommended by the Indian Service and the ophthalmologists concerned with the Trachoma Program of the Division for the Blind of the Department of Social Security.
2. Modified isolation and exclusion from school for thirty days to be followed by a five-month period of parole for observation, during which time the patient must return to the the ophthalmologist monthly for re-examination.
3. At the conclusion of this six-month period, if in the judgment of the ophthalmologist the disease has reached the stage of arrest or cure, the patient may be released from parole, but must be re-examined annually.
4. At any time the case is re-examined and found to be in an active state according to the judgment of the ophthalmologist, the patient is again subject to isolation and exclusion from school.

(B) Annual survey of school children in areas of prevalence.

(C) Educational efforts in communities involved, directed towards acquainting the public with the nature of the disease, its method of spread, and the character of its treatment.

(D) Follow-up of cases, directed towards urging adults in the homes of cases, to submit to examination and, if necessary, care for trachoma and to observe proper hygienic precautions in regard to this disease.

Information:

ETIOLOGICAL AGENT. Undetermined.

SOURCE OF INFECTION. Secretions and purulent discharges from the conjunctivae and adnexed mucous membranes of infected persons.

MODE OF TRANSMISSION. By direct contact with infected persons and indirectly by contact with articles freshly soiled with the infective discharges of such persons.

PERIOD OF COMMUNICABILITY. During persistence of lesions of conjunctivae and of adnexed mucous membranes or of discharges from such lesions.

IMMUNIZATION. None.

56. TRICHINOSIS

Regulations: Reportable only.

DISINFECTION. Sanitary disposal of feces.

Recommendations:

Thorough cooking of all pork products at a temperature of 160 degrees F. or over.

Refrigeration of pork at 5 degrees F. for twenty days before sale.

Extermination of rats around meat shops, slaughter houses and hog pens.

Information:

ETIOLOGICAL AGENT. *Trichinella spiralis*.

SOURCE OF INFECTION. Insufficiently cooked pork, rarely meat of other animals.

MODE OF TRANSMISSION. Direct from meat to man through consumption of under-cooked infected pork products.

INCUBATION PERIOD. About one week.

PERIOD OF COMMUNICABILITY. Not transmitted from man to man.

IMMUNIZATION. None.

57. TUBERCULOSIS

A. Pulmonary

Regulations:

PLACARD. None, unless "open" case refuses to observe precautions to prevent spread of disease, in which event the jurisdictional health officer may use a "WARNING" or a "QUARANTINE" placard.

ISOLATION. Of such "open" cases as do not observe the precautions to prevent the spread of the disease.

QUARANTINE. None, unless the jurisdictional health officer deems it necessary in the interest of protection of the public, in uncooperative cases who refuse to observe precautions recognized as necessary to prevent the spread of this disease.

CONCURRENT DISINFECTION. Of sputum and articles soiled therewith. Particular attention shall be paid to prompt disinfection or disposal of the sputum itself, of handkerchiefs, cloths or papers soiled therewith, and the eating utensils used by the patient.

TERMINAL DISINFECTION. Thorough cleaning and aeration.

EXAMINATION OF PERSONS SUSPECTED OF BEING TUBERCULOUS. In order to prevent the dissemination of tuberculosis, the state, county or municipal health officers, or their respective deputies, who are licensed physicians, within their respective jurisdictions, are hereby directed and empowered, when in their judgment it is necessary to protect the public health, to make adequate examination of persons reasonably suspected of being tuberculous. It shall be the duty of local and state health officers to investigate thoroughly the sources of infection of tuberculosis within their jurisdiction.

Recommendations:

Provision of adequate sanatorium care for all active cases.
Examination of contacts of known cases.
Follow-up of arrested cases.
Separation of minors from parents with active tuberculosis.

Information:

ETIOLOGICAL AGENT. *Mycobacterium tuberculosis (Hominis).*
Occasionally the bovine type.

SOURCE OF INFECTION. Sputum, discharges from open tuberculosis lesions, discharges from the intestinal and genitourinary tracts, or from lesions of the lymph nodes, bone and skin, and articles soiled with any of the aforesaid discharges.

MODE OF TRANSMISSION. Usually through the discharges of the respiratory tract, occasionally through those of the digestive tract, by direct or indirect contact with infected persons, by means of coughing, sneezing or other droplet infection, by kissing, by the use of contaminated eating and drinking utensils, and possibly by contaminated flies and dust. Infection rarely occurs from casual contacts, but usually results from the continued type of exposure characteristic of family relationships.

INCUBATION PERIOD. Variable, and dependent upon the type of the disease.

PERIOD OF COMMUNICABILITY. Exists as long as the specific organism is eliminated by the host.

IMMUNIZATION. None.

B. Other than Pulmonary

Regulations: Reportable only.

58. TULAREMIA**Regulations:**

PLACARD. None.

ISOLATION. None.

QUARANTINE. None.

CONCURRENT DISINFECTION. Of discharges from the ulcer, lymph glands or conjunctival sac.

TERMINAL DISINFECTION. None.

Recommendations:

Use of rubber gloves by persons engaged in dressing small wild animals wherever taken.

Thorough cooking of meat of small wild animals.

Information:

ETIOLOGICAL AGENT. *Pasteurella tularensis.*

SOURCE OF INFECTION. Wild rabbits and hares, horse-fly (*Chrysops discalis*), wood tick (*Dermacentor andersoni* and *Dermacentor variabilis*), woodchuck, coyote, muskrat, opossum, tree

squirrel, quail, skunk, water rats, cat, deer, dog, fox, hog, sage hen, and bull snake.

MODE OF TRANSMISSION. By bites of infected flies and ticks and by inoculation through handling infected animals, or by fluids from infected flies, ticks or animals.

INCUBATION PERIOD. Twenty-four hours to ten days, average slightly more than three days.

PERIOD OF COMMUNICABILITY. There is no authentic record of transfer of the disease from man to man. The infection has been found in the blood of man during the first two weeks of the disease; in conjunctival scrapings up to seventeen days; in the primary lesions on the finger up to twenty-one days; in the sputum on the twelfth day; in lymph glands up to five months; in ascitic fluid (taken during life), three months after onset; in pleural fluid four months after onset; in spinal fluid sixteen days after onset; in the spleen, taken at autopsy, up to thirty days. Flies are infective for fourteen days; ticks throughout their lifetime. Refrigerated rabbits kept constantly frozen at minus 15 degrees C. may remain infective for three years.

IMMUNIZATION. None.

59. TYPHOID FEVER GROUP (Typhoid Fever, Paratyphoid Fever A and B)

Regulations:

PLACARD. "WARNING" placard.

ISOLATION. In a fly-proof room. Release from isolation shall be determined by three successive negative cultures of feces and urine specimens collected not less than 24 hours apart and no sooner than 2 weeks after the temperature of the patient has returned to normal. Specimens submitted should be either semi-solid or liquid. A saline cathartic should be administered if necessary.

CARRIERS. Definitions: **Convalescent**—up to three months after cessation of fever. **Temporary**—from three months to one year after cessation of fever. **Chronic**—after one year following cessation of fever.

(A) **Convalescent.** If the causative organism is recovered from cultures obtained from the patient within two weeks after cessation of fever, the patient is to be restricted as a convalescent carrier within the following limitations:

1. He may not leave the jurisdiction of the local health officer, except by permission from such health officer.
2. He may not engage in any occupation which involves the personal handling of food, milk or milk products or any beverage.
3. He must continue to dispose of his excreta in a manner specified by the health officer.

A second series of specimens is to be submitted ten weeks after the first series, if a positive result was obtained in the first. If the causative organism is again recovered in the second series, the patient is to be classified as a temporary carrier, subject to the restrictions stated above.

(B) **Temporary.** A temporary carrier shall remain under the same restrictions imposed on a convalescent carrier. A series of specimens for release may be submitted every three months during this period.

(C) **Chronic.** If in a series of three specimens submitted in the same manner as specified under "Isolation" above, one year after cessation of fever, the causative organism is isolated, the patient is classified as a chronic carrier and is then subject to parole. He then may be given a limited release by the jurisdictional health officer upon signing an agreement to abide by the regulations of such restrictions. Copies of the forms of these agreements are to conform with that specified and supplied by the State Department of Health, which shall include the following provisions:

1. The carrier shall agree not to have any part in the preparation, serving or handling of food which may be consumed by any person other than members of his immediate family; nor shall he be engaged in any occupation which brings him in contact with milk, milk products, milk bottles, or milk utensils; nor shall he participate in the management of a dairy or other milk-distributing plant, boarding house, restaurant, food store, or any place where food is prepared or served; nor shall he reside on the premises of any such food-handling establishment or dairy.
2. The carrier shall agree to wash his hands thoroughly with soap and water after using the toilet and before handling food in his home.
3. If the premises on which the carrier resides is provided only with an outdoor privy, the carrier shall have on hand at all times an adequate supply of quicklime and use it as instructed. The privy shall be kept at all times in a sanitary condition and screened against flies.
4. The carrier shall keep the local health officer informed at all times of his address and occupation, and notify the health officer at once of any contemplated change in his address or occupation.
5. The carrier shall communicate with the health officer before submitting to any type of treatment intended for the cure of the carrier condition.
6. The carrier shall report to the health officer immediately any cases of illness suggestive of typhoid or dysentery in his family or among his immediate associates.

Any person whose feces or urine contains typhoid bacilli but who gives no history of recently having had the disease shall also be classified as a chronic carrier and shall be subject to the same regulations as stated above.

(D) **Follow-up.** The jurisdictional health officer or his authorized representative shall visit each chronic carrier at least twice each year to check on the address, occupation and other activities of the carrier, and to determine if all instructions are being carried out; and a report of such investigation shall be forwarded to the State Department of Health.

(E) **Release of Chronic Carriers.** Such carriers may be released following eight successive negative feces and urine specimens each submitted one month apart.

(F) **Authenticity of Specimens.** All specimens submitted for release examination shall be obtained under the supervision of the health officer, under such conditions that he will be able to certify that they are the authentic specimens of the individual being examined.

CONCURRENT DISINFECTION. Of all bowel and urinary discharges and articles soiled therewith.

TERMINAL DISINFECTION. Cleaning.

Recommendations:

Protection and purification of water supplies.

Pasteurization of milk supplies.

Supervision of food supplies and of food handlers.

Prevention of fly breeding.

Sanitary disposal of human excreta.

Extension of immunization by vaccination, as far as practicable, in communities where the disease is prevalent.

Information:

ETIOLOGICAL AGENT. Typhoid fever; *Enterobacter typhi*, paratyphoid fever, A or B; *Salmonella paratyphi*; *Salmonella schottmulleri*.

SOURCE OF INFECTION. Bowel discharges and urine of infected individuals. Healthy carriers are common.

MODE OF TRANSMISSION. Conveyors of the specific micro-organism by direct or indirect means are contaminated water, milk, shellfish and flies.

INCUBATION PERIOD. Three to thirty-eight days, usually seven to fourteen days.

PERIOD OF COMMUNICABILITY. From the appearance of prodromal symptoms, throughout the illness and relapses during convalescence and until repeated bacteriological examinations of the discharges show persistent absence of the infecting organism.

IMMUNIZATION. Of susceptibles in the family or household of patients who have been exposed or may be exposed during the course of the disease.

60. TYPHUS FEVER

Regulations:

PLACARD. "QARANTINE" placard.

ISOLATION. In vermin-free room.

QUARANTINE. Of contacts for fourteen days after delousing following last exposure.

CONCURRENT DISINFECTION. Destroy all lice and louse eggs on the clothing and in the hair of the patient.

TERMINAL DISINFECTION. Fumigation of premises to exterminate all rodents, fleas and lice.

Recommendations:

Elimination of rats.

Delousing of persons, clothing and premises.

Information:

ETIOLOGICAL AGENT. Rickettsia prowazeki is believed to be the causative agent.

SOURCE OF INFECTION. The only known source is the blood of infected persons or of infected rats.

MODE OF TRANSMISSION. The infectious agent is transmitted from man to man by lice (*pediculus corporis*), and from rat to rat or man by fleas (*xenopsylla cheopis*).

INCUBATION PERIOD. Five to twenty days, most often twelve days.

PERIOD OF COMMUNICABILITY. In the presence of lice, highly communicable until thirty-six hours have elapsed after the temperature reaches normal.

IMMUNIZATION. Methods not yet available for general application.

61. UNDULANT FEVER (Brucellosis)

Regulations:

PLACARD. None.

ISOLATION. For duration of acute symptoms.

QUARANTINE. None.

DISINFECTION. Of body excretions as prescribed under Section 13. "Enteric Diseases."

Recommendations:

Pasteurization of milk, whether from goats or cows.

Elimination of infected animals from herds.

Information:

ETIOLOGICAL AGENTS. *Brucella melitensis* (goat), *Brucella abortus* (cattle), *Brucella suis* (swine).

SOURCE OF INFECTION. Tissues, blood, milk and urine of infected animals, especially goats, cattle and swine. Also from human excretions during acute stage of illness.

MODE OF TRANSMISSION. Drinking of milk from infected animals and by direct contact with infected humans (during acute stage), animals or animal products.

INCUBATION PERIOD. Six to thirty days or longer.

PERIOD OF COMMUNICABILITY. In man, only during acute stage of systemic infection.

IMMUNIZATION. None.

62. VINCENT'S INFECTION

Regulations:

PLACARD. None.

ISOLATION. Exclusion from school and common eating facilities unless under active treatment.

QUARANTINE. None.

DISINFECTION. All discharges from nose and mouth.

Recommendations:

Sterilization of eating and drinking utensils, especially in public places. More attention to proper nutrition, with an adequate intake of vitamins.

Information:

ETIOLOGICAL AGENT. Possibly the dual effect of the *treponema vincenti* plus the *bacillus fusiformis* in the presence of predisposing conditions such as inadequate nutrition and poor oral hygiene.

SOURCE OF INFECTION. Discharges from the lesions of infected persons and from carriers.

MODE OF TRANSMISSION. Direct contact with infected persons or carriers and probably by articles freshly soiled by such persons.

INCUBATION PERIOD. Variable and undetermined.

PERIOD OF COMMUNICABILITY. As long as the infecting organism is found in the mouth.

IMMUNIZATION. None.

63. WHOOPING COUGH (Pertussis)

Regulations:

PLACARD. "WARNING" placard at discretion of jurisdictional health officer.

ISOLATION. Separation of patient from susceptible children and exclusion from school and public places for period of communicability.

QUARANTINE. Limited to the exclusion of susceptible children from school and public gatherings for ten days beginning 7 days after their first exposure to a recognized case. During period of communicability, insusceptible children may be released by the jurisdictional health officer to attend school.

CONCURRENT DISINFECTION. Discharges from the nose and throat of the patient and articles soiled with such discharges.

TERMINAL DISINFECTION. Cleaning.

Recommendations:

EDUCATION as to the dangerous nature of this disease.

IMMUNIZATION of all children in home over six months of age.

Information:

ETIOLOGICAL AGENT. Hemophilus pertussis.

SOURCE OF INFECTION. Discharges from the laryngeal and bronchial mucous membranes of infected persons.

MODE OF TRANSMISSION. Contact with an infected person or with articles freshly soiled with discharges of such person.

INCUBATION PERIOD. Seven to ten days and not exceeding sixteen days.

PERIOD OF COMMUNICABILITY. Particularly communicable in the early catarrhal stage before the characteristic whoop makes a clinical diagnosis possible. After the characteristic whoop has appeared, the communicable period continues for at least three weeks. The communicable stage must be considered to extend from seven days after exposure to three weeks after the development of the characteristic whoop. A positive diagnosis may be made by bacteriological examination of laryngeal discharges as early as one week before development of the characteristic whoop.

IMMUNIZATION. Recommended for all children in the home over six months of age.

64. YELLOW FEVER

Regulations:

PLACARD. "WARNING" placard.

ISOLATION. From mosquitoes in thoroughly screened room. Isolation necessary only for first four days of fever.

QUARANTINE. None.

CONCURRENT DISINFECTION. Thorough destruction of mosquitoes.

TERMINAL DISINFECTION. None, except for destruction of mosquitoes by gaseous fumigation.

Recommendations:

Mosquito eradication.

Information:

ETIOLOGICAL AGENT. A specific filterable virus.

SOURCE OF INFECTION. Blood of infected persons.

MODE OF TRANSMISSION. Bite of infected aedes aegypti mosquitoes.

INCUBATION PERIOD. Three to six days.

PERIOD OF COMMUNICABILITY. First three days of fever.

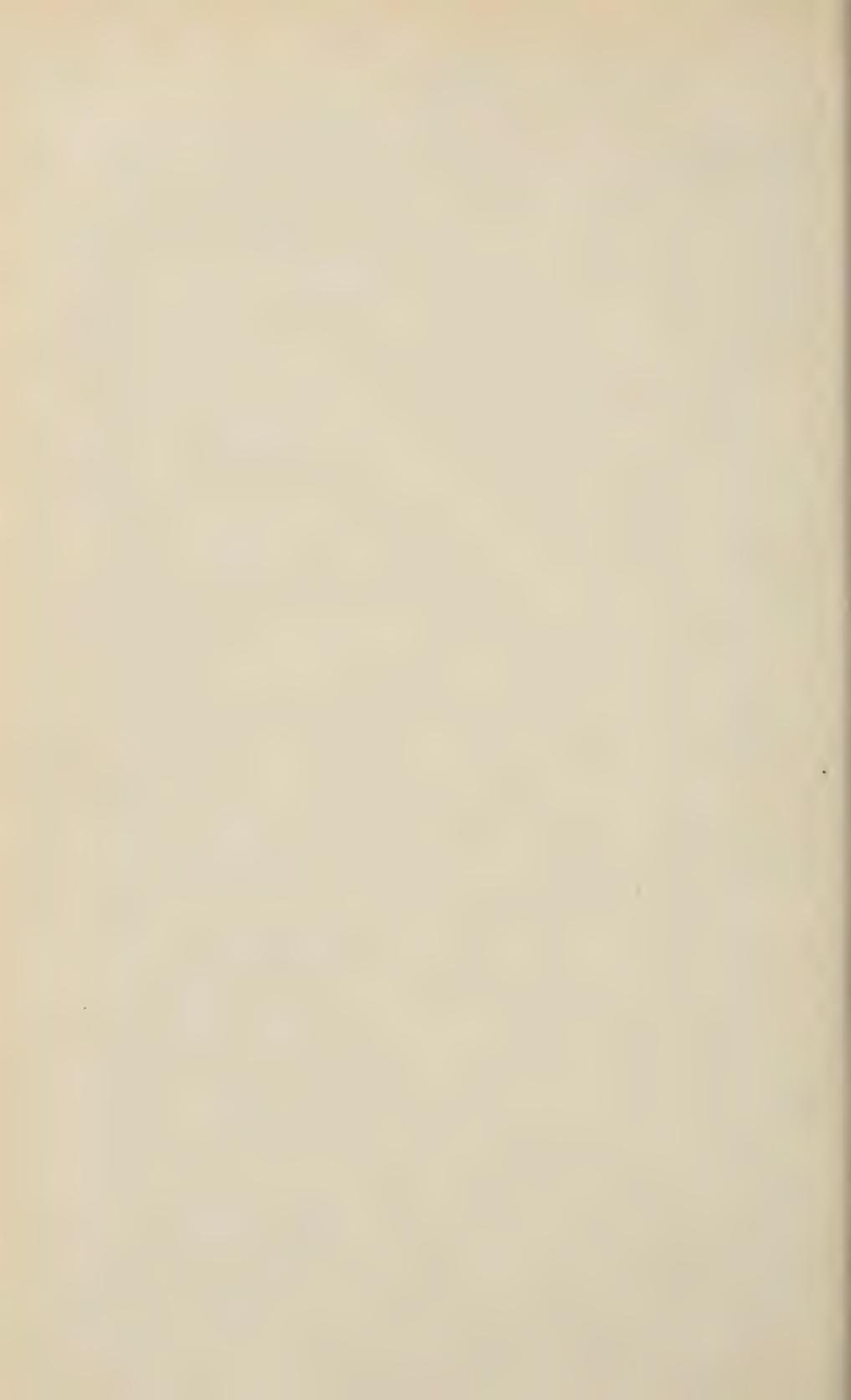
IMMUNIZATION. By modified living virus and human immune serum.

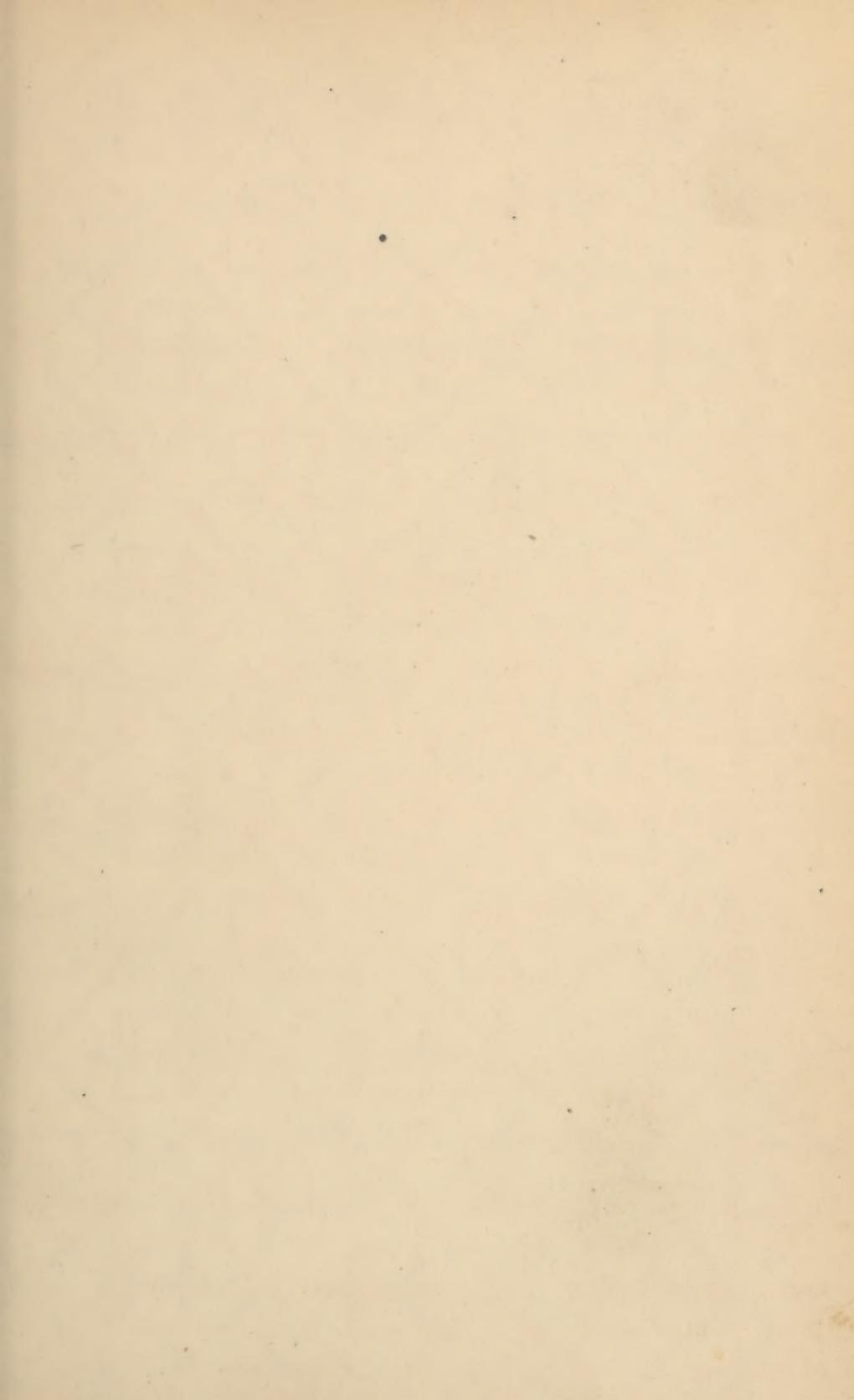
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